



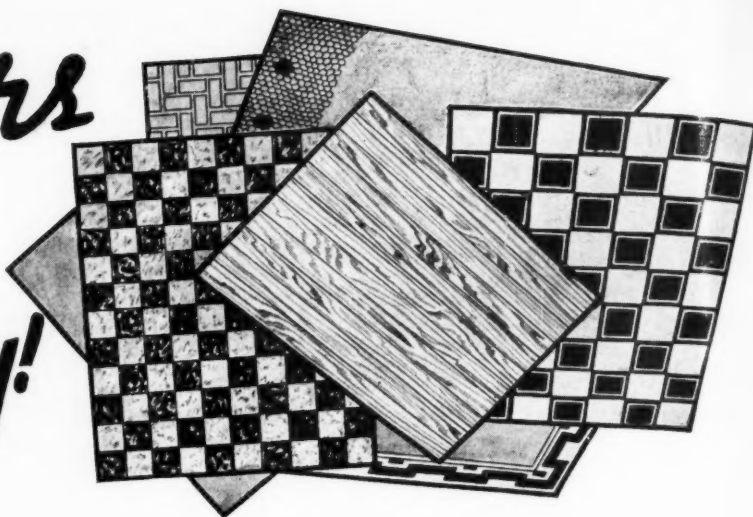
*The*  
**MODERN  
HOSPITAL**

Volume 43

AUGUST, 1934

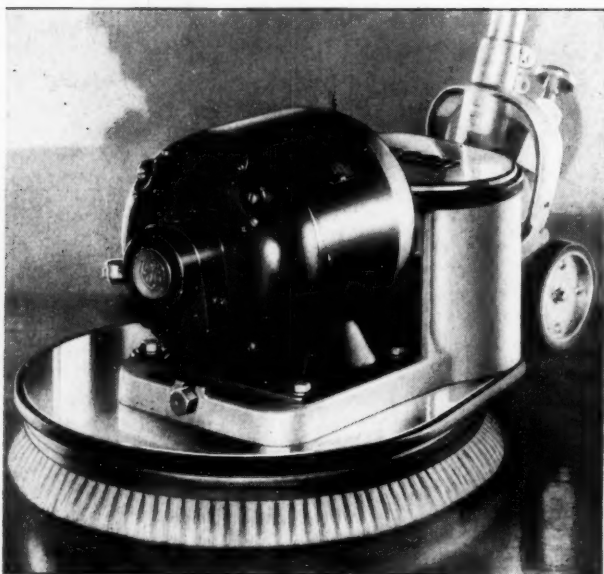
No. 2

# Good Floors Cost Money!



*Preserve their Beauty—Lengthen their Life  
with one of these FINNELL Wax Treatments!*

Below, one of the up-to-date *Finnell* polishing scrubbing machines, giving increased speed, power, and ease of handling. Two types, one with motor on top, the other with motor at rear. Four sizes in each type. Write for illustrated circular.



Do you favor a liquid wax, a water wax or a hot wax for your floors? *Finnell* can not only help you determine which is the *best* treatment for floors or floor coverings of any type but can furnish the material which will give the best results in each case.

*Finnell Aqua Wax* is a bright-drying, long-wearing protective coating for those who wish a wax easily applied. Requires no buffing. Dries with a lustre of remarkable endurance.

*Liquid Kote* is a liquid wax of high solid content and of superior quality.

*Finnell Kote* is a solid wax, which applied hot, penetrates through the pores of the surface, sets quickly, and polishes to an extremely durable and beautiful lustre.

Other *Finnell* Products include *Fulfil*, for filling porous floors; *Solarbrite*, a safe and effective soap solution; *Finola*, the standard scouring powder for thirty years. Ask for samples of any or all of these products. Address FINNELL SYSTEM, INC., 1408 East Street, Elkhart, Indiana. Canadian Distributor: Dustbane Products, Ltd., 207 Sparks Street, Ottawa, Ontario.

Visit the FINNELL Display

**BOOTH No. 95**

AMERICAN HOSPITAL ASSOCIATION  
PHILADELPHIA, SEPTEMBER 24 to 28

See our complete line of noiseless hospital type machines and *Finnell* maintenance supplies and treatments.

## FINNELL SYSTEM OF FLOOR MAINTENANCE

# CONTENTS

For August, 1934

Just in Passing —

**COVER PAGE**—Children's Convalescent Home of the Cincinnati Orphan Asylum, Cincinnati  
H. Eldridge Hannaford of Samuel Hannaford & Sons, Architects, Cincinnati

## ORIGINAL ARTICLES

Hospital Support and Development—A Public Relations Problem .....	33
Perry Addleman	
An Affiliation Plan Between Hospitals and a School of Pharmacy .....	38
Edward Spease	
Mary McClellan Builds for Better Community Health.....	43
Raymond P. Sloan	
How Detroit's North End Clinic Treats Those Patients With Minor Complaints.....	48
David J. Sandweiss, M.D.	
Beauty Shops Can Be Helpful in Treating Mental Patients	51
Arrah B. Evarts, M.D.	
Small Municipal Hospital Meets Present and Future Needs	52
William B. Tubby and William B. Tubby, Jr.	
Obtaining Efficiency From the Lay Staff.....	57
S. T. Martin	
A Tramp Abroad in the Hospital Field, Part IV—Germany .....	61
A. G. Stephenson	
How We Teach Mental Nursing at the University of Colorado .....	66
Margaret Robina Smith, R.N. and Louise Kieninger, R.N.	
National Hospital Day.....	70
What the Intern Expects the Hospital to Do for Him.....	73
Milton B. Rosenblatt, M.D.	
Should Hospitals Provide Housing for Their Employees?	76
Sisters' Hospital Is Fine Example of Modern Concrete Construction .....	77
Sister M. Cecilia	
Underlying Principles in Business Organization.....	79
John R. Howard, Jr.	
Reducing Deaths From Diabetes.....	85
A Method for Reducing the Cost of Oxygen for Therapeutic Purposes .....	88
R. C. Buerki, M.D.	

ONLY a very few hospitals have attempted fund-raising campaigns during the past three or four years. It is fashionable and easy to say that opposition to them was engendered by financial conditions. A few thoughtful individuals, however, have the temerity to suggest another important factor, one which, fortunately, is under the control of the hospitals themselves. This factor arises out of the methods employed by hospitals in their past campaigns and, in fact, the whole network of hospital relations with the public.

Obtaining funds for hospital development should be recognized as one of the most important parts of a public relations program. The latter, in turn, should grow out of and depend entirely upon a carefully and intelligently formulated program of service by the hospital to its community. From this point of view, have our financial campaigns been as constructive, as honest and as candid as they should have been? Have they contributed as much as possible to the development of sound and proper relations between the hospital and the public within its service area and to the frank acceptance on each side of mutual duties and responsibilities? Have they considered the needs of one community agency in the light of the needs and probable usefulness of the other agencies that would have to obtain funds from the same sources?

Because these questions go to the heart of a vital present day problem, it is appropriate that *THE MODERN HOSPITAL* should present as its leading article this month the first of a series of three keen and courageous analyses of hospital public relations policies. For many years Mr. Addleman, the author, occupied a position which gave

Published the first of each month by

**THE MODERN HOSPITAL PUBLISHING CO., Inc.**

Charter member Audit Bureau of Circulations

919 NORTH MICHIGAN, CHICAGO—Telephone, Superior 6402

NEW YORK OFFICE—101 Park Avenue. Telephone, Ashland 4-2445

SUBSCRIPTION—United States and Possessions, \$3.00. Canada and Foreign, \$4.00.

Single copies (current), 35 cents. Back copies, 50c to \$1.00.

Copyright, 1934, by THE MODERN HOSPITAL PUBLISHING CO., INC. Entered as second-class matter Oct. 1, 1918, at the Post Office at Chicago, Ill., under the act of March 3, 1879.

Printed in U. S. A.



# CONTENTS

him direct and personal insight into the public relations problems of universities, colleges, hospitals and other social institutions. He speaks, therefore, with authority.

**W**OULD a saving of \$27,000 or even of \$20,000 a year in your drug bill interest you? Dean Spease says that those are the amounts that two Cleveland hospitals saved last year through an affiliation with his school of pharmacy. His article appears on page 38.

**A**FFILIATION is a solution of many problems. The Little Journey article this month describes a happy affiliation between a hospital and a college, with high grade nursing education as the offspring of the union (page 43).

**W**AYS of meeting the emergency conditions of the depression are getting to be past history. But perhaps the new minor complaint department at Detroit's North End Clinic will prove to be one of the unexpected but permanent benefits of the depression. Dr. Sandweiss describes it on page 48.

**W**OULD it shock you to have a doctor prescribe a manicure or a finger wave? Perhaps so, but Doctor Evarts says a beauty shop may be a real therapeutic asset. Before we wise crack about the idea let's examine her proposal (page 51).

**S**ELECTION of lay employees is a task that has a direct and important bearing on the character and cost of hospital service. Mr. Martin offers practical helps (page 57).

**W**HAT is probably the largest oxygen therapy installation in the United States is described on page 88. In a subsequent article the clinical reasons for this extensive pro-

Intravenous Glucose Therapy—One Hospital's Story.....	92
Howard H. Johnson, M.D. and W. P. Stowe, M.D.	
Seven Years of Electric Cooking at the Milwaukee County Institutions .....	98
K. R. Burlingham	
How the Dietitian Views Electric Cooking.....	104
Ada B. Lothe	
No. 2—Hendrik Hudson Half-Moon Salad.....	106
Arnold Shircliffe	
August Dinner Menus.....	108
Helen E. Gilson and Staff	

## EDITORIALS

Philadelphia Beckons .....	82
What the Efficiency Expert Does Not Know.....	82
Obligations of Staff Physicians.....	82
Hospital and Home Nursing.....	82
A Rose for Mme. Curie.....	83
The Intern's Health.....	83
"Do Not Refill".....	83
Ward Cases and Surgeons' Fees.....	84
Office Building Board Meetings.....	84
Label It "Poison" .....	84

WHAT OTHERS ARE DOING.....	56
----------------------------	----

SOMEONE HAS ASKED.....	72
------------------------	----

## THE PROBLEM OF THE MONTH

Should Hospitals Provide Housing for Their Employees? 76	
--	--

## HOSPITAL ORGANIZATION SERIES

Underlying Principles in Business Organization.....	79
---	----

## PRACTICAL ADMINISTRATIVE PROBLEMS

Reducing Deaths From Diabetes.....	85
------------------------------------	----

## MAINTENANCE, OPERATION AND EQUIPMENT

A Method of Reducing the Cost of Oxygen for Therapeutic Purposes .....	88
Intravenous Glucose Therapy—One Hospital's Story.....	92

## DIETETICS AND INSTITUTIONAL FOOD SERVICE

Seven Years of Electric Cooking at the Milwaukee County Institutions .....	98
How the Dietitian Views Electric Cooking.....	104
No. 2—Hendrik Hudson Half-Moon Salad.....	106
August Dinner Menus.....	108

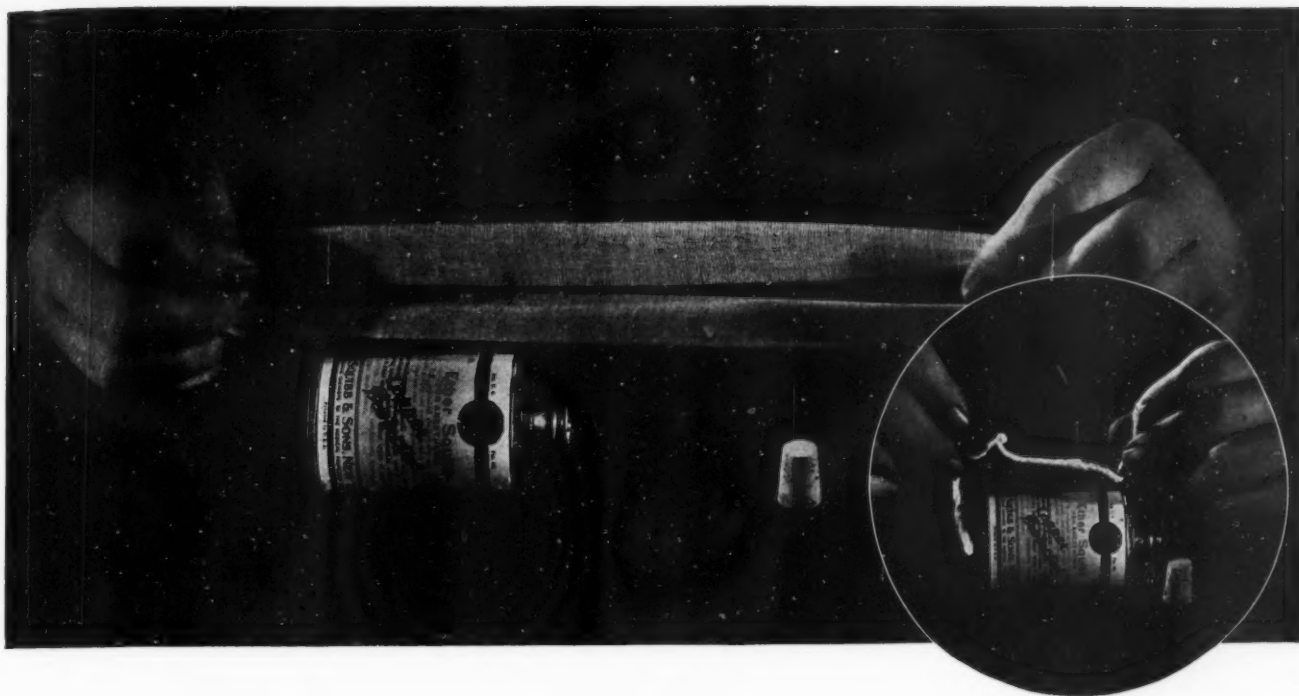
NEWS OF THE MONTH.....	110
------------------------	-----

BOOKS ON REVIEW.....	120
----------------------	-----

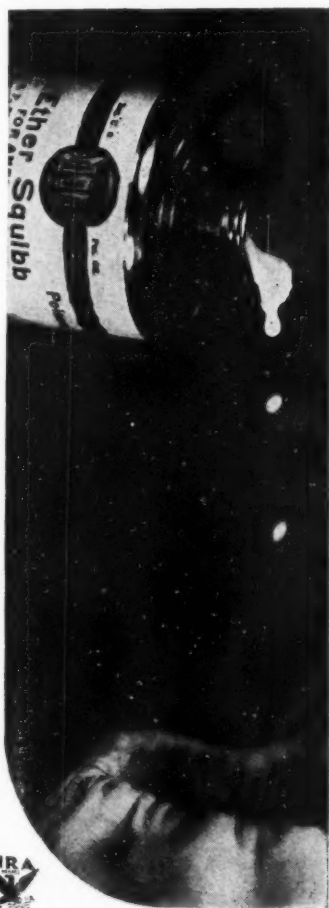
NEWS FROM MANUFACTURERS.....	122
------------------------------	-----

## MISCELLANEOUS

Tracing the Strange Parentage of Common Terms.....	37
What Dental Service Should the Hospital Provide?.....	42
Bugbear of Small Institutions.....	42
Coloring Solutions .....	47
Should Physicians Treat Dispensary Patients Privately? .....	50
A Bit of Hospital History.....	60
Should the Small Institution Have a Laundry?.....	78
Ensuring Better Staff Attendance at Postmortems.....	87
Economies in Printed Forms.....	90
Wide Hems for Bed Sheets.....	96
Training School for Dietetic Interns.....	106



## A good ETHER! A good TECHNIQUE! A good ANESTHESIA!



# 8

FOR over 75 years E. R. Squibb & Sons have manufactured, for the medical profession and hospitals, a superior anesthetic Ether. In a series of advertisements suggesting technique, an endeavor is being made to augment the value of a superior Ether. The following is the eighth of the series.

Use the Ether directly from the original can. Do not transfer it to another container, because by so doing a good Ether loses a working margin. Drop from this can by means of a wick, for the exit of the Ether from the tin depends upon the capillary attraction of the wick and the pressure of the Ether vapor in the can. The proper making of the wick is essential. Take a piece of gauze an inch wide. The length should be equal to four times the depth of the can from which the Ether is to be used. This strip of gauze is folded across the narrow part or width so that the two ends come

together. The two layers should lie loosely, not flat, against each other. Then one end of this folded strip is held tight in one hand, while the other end is pinched between the fingers and thumb of the opposite hand and all is twisted into a firm wick. A wick made thus will give the maximum amount of capillary attraction. This wick is now put into the can, to the very bottom, and about one-half inch left projecting beyond the mouth of the can. Now an ordinary cork, with no slit or slits in it, is put into the neck of the can so as to confine the wick between it and the neck and then pressed down very tightly. If put in tightly enough, no Ether will run out, and if the container falls on the floor, no Ether can be spilled. Nevertheless, if this can, with the wick in it, is held upright and then tipped a little, drops of Ether will come from the end of the wick, very slowly at first but more rapidly as the can is tipped more and more. If the cork and wick are arranged as they should be, the Ether will not run out in a stream.

Squibb Ether is the only Ether packaged in a copper-lined container to prevent the formation of aldehydes and peroxides, thus lessening postoperative toxicity. Squibb Ether gives better results.

### A GOOD ETHER—SQUIBB!

### A GOOD TECHNIQUE! Suggested by Squibb

### A GOOD ANESTHESIA!

#### Other Squibb Anesthetics:

PROCAINE HYDROCHLORIDE  
CRYSTALS

CHLOROFORM • ETHER-OIL

E. R. SQUIBB & SONS, Anesthetic Department,  
7808 Squibb Building, New York City

Please send me a copy of your booklet on Open Ether Anesthesia ☐. I would also like a copy of your booklet on Spinal Anesthesia ☐. Ether-Oil Squibb ☐.

Name .....

Street .....

City..... State.....

**E. R. SQUIBB & SONS, NEW YORK**  
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

vision of oxygen will be presented. You may be sure that Doctor Buerki didn't install this equipment to "keep up with the Joneses."

THEY have been using electricity for cooking at the Milwaukee County Institutions for more than seven years now and should know something about it. It is interesting, therefore, to have the chief electrician and the chief dietitian each present his conclusions regarding the feasibility and cost of this fuel (page 98).

#### FLASHES FROM THIS ISSUE:

"There are no minor positions in a hospital. All members of the lay staff must realize that taking care of the sick is a serious occupation, and their part, no matter how humble, is important to the whole." *Page 57.*

"The baths and the sunbathing cult—yes, and the nude cult too—help to make Germany today one of the most interesting countries in Europe." *Page 61.*

"More and more it is becoming a recognized fact that mental illnesses are preventable and that we can 'minister unto a mind diseased'; and that a student nurse needs training in mental nursing, mental hygiene and child guidance, as well as in any of the other specialties." *Page 66.*

"The intern molds his career after those of his superiors who have already established themselves in the medical world. Their anecdotes, their mannerisms, their clinical approach, all are absorbed to become part of his own medical equipment." *Page 74.*

"Some superintendents think a budget useless because the service has to be given whatever happens to earnings or to prices; but without it, trustees lack a vital factor in planning and control, and the superintendent a basis for his authority." *Page 80.*

"Education of the diabetic patient is easier when these patients are collected in one ward. Chances of recovery center about the efficiency of the educational activities focused upon him." *Page 87.*

## THE MODERN HOSPITAL

THE MODERN HOSPITAL PUBLISHING CO., INC.

OTHO F. BALL, M.D., *President*

919 NORTH MICHIGAN, CHICAGO, ILLINOIS

JOSEPH C. DOANE, M.D., *Editor*

ALDEN B. MILLS, *Managing Editor*

RAYMOND P. SLOAN, *Associate Editor*

JANET PETERKIN, *Associate Editor*

### EDITORIAL BOARD

#### *Planning and Construction*

S. S. GOLDWATER, M.D.

C. W. MUNGER, M.D.

#### *Equipment and Maintenance*

E. M. BLUESTONE, M.D.

ADA BELLE MCCLEERY, R.N.

#### *Mental Hospital Administration*

J. ALLEN JACKSON, M.D.

WILLIAM A. WHITE, M.D.

#### *Public Relations*

ASA S. BACON

R. C. BUERKI, M.D.

#### *Administration*

A. C. BACHMEYER, M.D.

LEWIS A. SEXTON, M.D.

#### *Professional Relations*

M. T. MAC EACHERN, M.D.

WILLARD C. RAPPLEYE, M.D.

#### *Public Health*

W. S. RANKIN, M.D.

B. W. BLACK, M.D.

#### *Out-Patient Service*

MICHAEL M. DAVIS, PH.D.

A. K. HAYWOOD, M.D.

### EDITORIAL CONSULTANTS

ANNA E. BOLLER

Rush Medical College, Chicago

ALBERT W. BUCK, PH.D.

New Haven Hospital, New Haven, Conn.

L. H. BURLINGHAM, M.D.

Barnes Hospital, St. Louis

FRED G. CARTER, M.D.

Ancker Hospital, St. Paul, Minn.

CAROLYN E. DAVIS, R.N.

Good Samaritan Hospital, Portland, Ore.

JOHN C. DINSMORE

University of Chicago Clinics, Chicago

H. L. EASON, C.B., C.M.G., M.D., M.S.

Guy's Hospital, London, England

LULU G. GRAVES

135 East Fiftieth Street, New York City

REV. MAURICE F. GRIFFIN

Cleveland

JOHN R. HOWARD, JR.

Old Greenwich, Conn.

B. C. MACLEAN, M.D.

Touro Infirmary, New Orleans

LUCIUS R. WILSON, M.D.

John Sealy Hospital, Galveston, Tex.

M. HELENA MCMILLAN, R.N.

Presbyterian Hospital, Chicago

JOHN R. MANNIX

University Hospitals, Cleveland

D. L. RICHARDSON, M.D.

Charles V. Chapin Hospital, Providence, R. I.

RALPH B. SEEM, M.D.

Stanford University Hospitals, San Francisco

GEORGE D. SHEATS

Baptist Memorial Hospital,  
Memphis, Tenn.

DONALD C. SMELZER, M.D.

Graduate Hospital of the University  
of Pennsylvania, Philadelphia

HERMAN SMITH, M.D.

Michael Reese Hospital, Chicago

GEORGE F. STEPHENS, M.D.

Winnipeg General Hospital, Winnipeg, Canada

FRANK J. WALTER

St. Luke's Hospital, Denver

JOSEPH J. WEBER

Vassar Brothers Hospital, Poughkeepsie, N. Y.

# OUT... TO HELP... YOU!



**Chase Seamloc Carpet has come thru the proving-ground with flying colors**

... three years of service on the busiest floors in the country have shown up its stamina and its economy for institutional use. Now it is spreading out—introducing new figured and embossed patterns particularly happy for large floor areas—all with the patent Seamloc backing that omits sewing and binding, permits safe washing on the floor, prevents waste in cutting.

Before renovating, read the new Seamloc booklet just off press. Learn what it can give you in looks and wear, and save you in output and upkeep. **YOUR COPY IS READY...**

## COUPON

Please send me illustrated Seamloc carpet booklet:

Name .....

Street .....

City..... State.....

# CHASE SEAMLOC CARPET

PRODUCT OF *Goodall-Sanford Industries*

Presented by L. C. CHASE & COMPANY, INC. • 295 Fifth Avenue, New York  
BOSTON CHICAGO DETROIT LOS ANGELES

# The Hospital Barometer

Available reports indicate that occupancy in nongovernmental hospitals continued to rise in June. Unfortunately vacations have interfered with the reports and the data are not as complete as in previous months. Occupancy in governmental hospitals continued the slight decline noted last month although the figure was still above that of the corresponding month of 1933.

Twenty-five hospital construction projects were reported between June 25 and July 23. Of these two were alterations, three were nurses' homes, four were new hospitals and sixteen were additions to hospitals. For nineteen of the projects costs are available. They total \$2,038,245, or an average of \$107,276 per project.

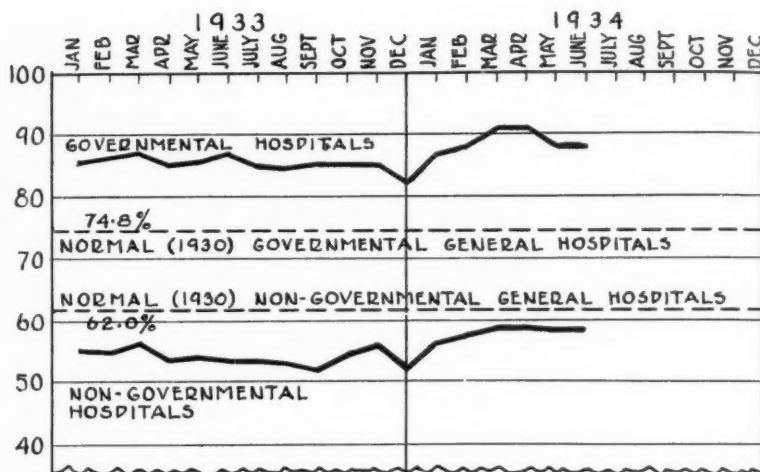
Declines in production and trade of more than seasonable proportions were recorded in June and the first half of July, according to the monthly report of the National Industrial Conference Board. The downturn in June, which terminated a succession of advances begun last December, brought business activity down to the general level of February. Declines in productive activity were registered for the automobile, construction, steel, iron, textile apparel and bituminous coal industries. Retail trade in department and chain stores declined in dollar values and physical volume.

The wholesale commodity price index of the *New York Journal of Commerce* declined slightly from the high point of 76.7 reached on June 23 to 75.1 on July 7, but advanced again to 76.2 on July 21 (1927-1929=100). Grain prices advanced sharply during July, the index number going from 70.5 on June 23 to 78.5 on July 21. General food

prices, however, showed a decline from 67.2 to 65.3 during the same period. Textiles advanced from 65.4 to 67.2, fuel remained stationary at 85.8 and building materials showed a slight recession from 95.8 to 93.6 during the period. The strenuous effort by the federal government to decrease the cost of construction so as to increase the volume has so far had little appreciable effect.

The price index for drugs and fine chemicals of the *Oil, Paint and Drug Reporter* continued its long advance, moving from 185.5 on June 25 to 186.3 on July 23.

The upward trend in the cost of living of industrial wage-earners, which was resumed in May after an interruption in April, was continued in June with a rise of 0.3 per cent, according to the monthly report of the National Industrial Conference Board. All the major items in the wage-earner's budget except clothing showed increases.



OCCUPANCY FIGURES OF HOSPITALS IN VARIOUS STATES AND CITIES

Type and Place	Census Data on Reporting Hospitals <sup>1</sup>		1933								1934					
	Hospitals	Beds <sup>2</sup>	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	
<b>Non-Governmental</b>																
New York City <sup>3</sup> .....	68	15,194	68.0	64.0	62.0	62.0	65.0	68.0	65.0	69.0	70.0	73.0	75.0	75.0	75.0*	
New Jersey.....	58	9,772	59.0	57.0	57.0	56.0	58.0	61.0	57.0	58.0	62.0	63.0	63.0	63.0	63.0*	
Washington, D. C.....	9	1,760	54.2	55.3	54.5	55.5	58.9	59.3	57.7	61.7	65.0	67.2	65.8	62.8	62.8*	
N. & S. Carolina.....	96	5,655	58.0	55.2	54.4	54.5	52.6	54.2	51.3	54.0	57.3	59.2	59.4	59.6	62.0*	
New Orleans.....	7	1,176	43.1	46.7	45.5	43.4	43.3	44.9	43.1	42.4	43.4	46.5	42.1	43.2	48.4*	
San Francisco <sup>4</sup> .....	15	2,711	52.7	52.7	53.7	54.3	56.3	58.1	53.9	59.5	63.0	61.9	61.6	60.3	60.3*	
St. Paul.....	5	775	43.1	43.4	44.4	41.0	44.7	48.8	46.0	51.8	53.8	49.4	50.7	47.3	50.6*	
Chicago.....	22	5,878	49.2	50.0	49.4	48.1	50.7	51.5	49.1	53.1	53.5	53.3	55.4	56.5	57.7	
Cleveland.....	8	1,895	58.0	60.0	61.0	56.0	60.0	61.0	55.0	57.0	58.0	58.0	61.8	59.9	58.9*	
<b>Total<sup>5</sup>.....</b>	<b>288</b>	<b>44,816</b>	<b>53.9</b>	<b>53.8</b>	<b>53.5</b>	<b>52.3</b>	<b>54.4</b>	<b>56.3</b>	<b>52.6</b>	<b>56.3</b>	<b>58.4</b>	<b>59.1</b>	<b>59.4</b>	<b>58.6</b>	<b>59.9*</b>	
<b>Governmental</b>																
New York City.....	16	11,178	103.1	100.1	100.7	101.9	103.3	106.6	104.5	100.7	100.0	105.0	103.7	101.9	101.9*	
New Jersey.....	5	2,122	91.0	87.0	87.0	87.0	86.0	88.0	82.0	89.0	94.0	93.0	91.0	90.0	90.0*	
Washington, D. C.....	2	1,076	80.5	83.9	77.5	85.5	83.8	87.6	87.8	87.1	88.3	83.2	84.3	84.7	84.7*	
N. & S. Carolina.....	13	1,136	63.8	58.2	58.2	55.5	58.2	56.6	50.6	58.6	65.8	66.4	66.8	64.5	70.3*	
New Orleans.....	2	2,169	121.2	121.4	121.9	122.6	111.1	105.3	96.8	106.6	112.5	129.5	136.4	127.1	126.4*	
San Francisco.....	3	2,294									77.4	79.2	76.7	80.7	80.7*	
St. Paul.....	1	1,050	72.3	67.1	67.9	67.6	74.4	71.1	72.4	79.8	78.5	76.9	76.3	76.1	73.2	
Chicago.....	1	3,300	80.8	79.4	79.3	77.9	80.9	81.3	80.6	87.2	89.5	88.7	88.9	85.6	82.2	
<b>Total<sup>6</sup>.....</b>	<b>43</b>	<b>24,325</b>	<b>87.5</b>	<b>85.3</b>	<b>84.6</b>	<b>85.4</b>	<b>85.4</b>	<b>85.2</b>	<b>82.1</b>	<b>87.0</b>	<b>88.3</b>	<b>90.4</b>	<b>90.5</b>	<b>88.8</b>	<b>88.7*</b>	

<sup>1</sup>Insofar as possible hospitals for tuberculous and mental patients are excluded as well as hospital departments of jails and other institutions. The census data are for the most recent month. <sup>2</sup>Including bassinets, in most instances. <sup>3</sup>Includes only general hospitals. <sup>4</sup>Includes only 9 hospitals with bed capacity of 1845 through November, 1933. <sup>5</sup>The occupancy totals are unweighted averages. These averages are used in the chart above. <sup>6</sup>Preliminary report.

# THE MODERN HOSPITAL

A Monthly Journal Devoted to the Construction, Equipment, Administration and Maintenance of Hospitals and Sanatoriums

VOLUME 43

August, 1934

NUMBER 2

## Hospital Support and Development— A Public Relations Problem

By PERRY ADDLEMAN

Chicago

THE development of social institutions — religious institutions, institutions of higher education, hospitals and institutions of public health, organized charitable relief agencies, social service organizations, institutes of art and science, and philanthropic foundations — is one of the phenomena of modern American civilization. In scope and extent, it is unique in the world history of civilizations.

In these seven groups of organizations, American philanthropists and the American public have built social institutions the capital assets of which exceed 16 billion dollars. Their annual expenditures alone are in excess of 2½ billion dollars.

Depending upon where the line is drawn, hospitals and public health institutions represent, on the side of capital investment, between 20 per cent and 25 per cent of the total, and their expenditures are more than \$900,000,000 a year. Hospitalization and public health constitute one of America's biggest businesses.

The size and scope of this business, its importance to society, and the effect of public opinion upon its establishment, support and development are known to most readers, but its future is problematic. It calls for searching analysis and candid speculation. Nothing is to be gained by dodging

*Before blaming all our financial difficulties on the depression, let's look at the record. Have hospitals carried on their public relations intelligently? Have appeals for funds created real even though inarticulate hostility? This is the first of a series of three articles on hospital public relations*

the facts, a practice that apparently seems to some the easiest way out.

The social and economic conditions under which billions were invested in American hospitals are undergoing a change. Even methods of appraisal used by the public in viewing all social institutions are being basically altered now. It does not require prophetic foresight to see that the public view of our social institutions is to become more critically rational.

A rational view on the part of the public will do irreparable damage to some of our social institutions — it will be the death knell for some of them — but to those who are confident that our better

hospitals will face the realities of their existence, this view is welcome. It will do more than anything else could do to eliminate antiquated and outworn concepts and procedures in hospital development.

The history of this development is to be found in a close and critical study of the fund-raising campaign methods that have been more or less successful for all social institutions since 1919.

Perhaps as many as two dozen firms, more or less generally known, have engaged in the planning, management and direction of fund-raising campaigns for social institutions since 1919. Some of them were organized earlier than that, and the activity of all these firms is now a well recognized business.

#### *History of Fund-Raising Campaigns*

Just who originated the idea of the intensively organized campaign for funds with its divisions and teams of solicitors was, rather humorously, a matter of some controversy. It is a matter of fact that it was being used in behalf of churches, hospitals and Y. M. C. A.'s as early as 1910 or 1912; that by 1914 several universities had used this method of obtaining funds with some success; that World War campaigns for funds for almost every purpose used the method most successfully and gave the idea great impetus, and that after the war, it was used successfully by organizations in the business for every kind of social institution.

To begin with, the intensively organized fund-raising campaign was simple. Its whole effectiveness was built around the idea of a large organization of solicitors quickly built to work in unison. Four or five, maybe six, weeks would be spent in building a corps of volunteer solicitors who were rigidly organized all the way from a campaign chairman down through division chairmen to team captains and workers.

The larger, better firms in the business provided their campaign directors with a manual of standard practice for procedure in building prospect lists and corps of volunteer solicitors, which had little if anything in it either original or rational. It was a mere matter of rote.

It had a value though. Any director could go through the routine two or three times and, thereafter, do it in his sleep for any institution anywhere whether it be college, hospital, Y. M. C. A. or community chest. Successive campaigns required only changes in names and dates in the routine. Banners, score boards and pasteboard trophies for winning divisions, teams and workers were important adjuncts. Slogans, too, were tremendously important and a community could be whipped into an emotional lather by any institution which proposed to "reconstruct the world."

Songs and pep sessions played a large part in the organization and work of the volunteer corps of solicitors. Leading in song and prayer was included by many directors in their bag of tricks. A campaign director who had never finished grade school might lead a college fraternity in its songs as it was getting warmed up to the idea of keeping alma mater from going to the tarnation bow-wows. One of the same education would take a large part of his fee in an LL.D. degree. Another who missed his real calling never failed in a hospital campaign to wheel a crippled child on to the stage at just the right moment. He was a genius at finding crippled children, and it never failed to work.

One obscure firm advertised that its success in raising funds was founded upon "Faith, Work and Prayer" all nicely arranged in typographical triangle. They never explained how they obtained the proprietary rights to that procedure which warranted their charges for it.

The men who worked for most of these companies as campaign directors were recruited from every walk of life. Anyone who had imagined all his life that he had a divine gift for organization work could at least get a tryout in the fund-raising campaign business. Organization was the important factor in a campaign for funds in those days and so a premium was put upon organization ability. Of course that is a rather vague term and many admirable bluffers crashed in. Some of them were scoundrels. But many most able men went into the business. Many such are still in it. Methods and men have changed in fifteen years.

#### *Unscrupulous Practices Stopped*

The various firms charged for their direction of a fund-raising campaign in different ways. In the beginning of the business some of the fast traveling gentry out to make a cleaning charged for their services by being paid, in cash, a certain percentage of the funds that would be pledged to a given institution. Of course the percentage was high; many times the proposition would put recent racketeers of other sorts to shame. The idea was to have everyone pledge every dollar possible over as long a time as possible. The means of obtaining the pledge, fair or foul, was a matter of small thought. Thought of whether or not the pledge would ever be paid was smaller. However, chambers of commerce, institutional associations and a virile attack on this practice by *The MODERN HOSPITAL* and other interested publications soon put an end to it in any form.

All the more reputable companies charged a straight fee for their services. The fee was based upon the length of time and the number of men required in the management and direction of the

campaign, and generally payment was asked by the week. In addition to the fee, there were other costs such as those for headquarters' offices, stenographical and clerical help, printing and organization expenses.

By this method of charge, the costs of campaigns were progressively brought down to amounts much lower than the public ever recognized. The campaign cost per dollar pledged or obtained varied greatly but the companies of wide experience and good reputation kept total costs below 10 per cent. They consistently averaged less than 6 per cent, and on very large campaigns where per-dollar costs are always low because many fixed costs are spread over larger amounts obtained, they frequently handled the whole campaign, fee and all other costs included, for less than 2 per cent of the amount obtained.

#### *Some Results—Good and Bad*

A summary of the good and bad results of these methods of fund-raising and social institutional development as they have been practiced in America for fifteen years throws a great deal of light upon the present situation.

1. The first benefit is almost obvious. Social institutions have almost doubled their capital assets and material facilities during that time. Fund-raising campaigns and the reliable firms engaged in that business are largely responsible. It is rather tragic to note that in the case of hospitals and public health institutions the increase is almost wholly confined to material facilities and plant. Comparatively little or nothing has been done to educate the public to the proper and constructive use of the facilities available for the improvement of health. Too many splendid hospitals are less than 55 per cent occupied today. There is little endowment for charity work, and effective medical care for the masses has not been successfully organized.

2. The high pressure fund-raising campaign, the effectiveness of which was based upon rigid, routine organization methods employing an emotional appeal to the greatest possible extent, was in most instances highly efficient in obtaining immediate goals. As high pressure as it could be without stirring revolt, it had much of the swoop of an eagle in it. With standardized and mechanized organization methods it was possible to dominate public interest so quickly, particularly in any except the large metropolitan communities, that ordinarily the campaign was over and done before rational sales resistance had time properly to crystallize. A rational and critical exposition of objectives was not necessary to gain public interest and support. A well dramatized emotional appeal was generally sufficient.

Actually, one of the largest firms in the business on at least six hospital campaigns mailed to prospective contributors the same pamphlet, changing only the names and dates in it to suit the campaigns for the six hospitals in six different cities. Not even the title was changed. It is probably no exaggeration to say that three-fourths of all publicity was of the canned variety. Most of it was undiluted cant. But it worked — at least it worked for a few years.

Then there was the matter of coercion in obtaining funds. Polite and candid though it was, coercion of prospective donors was developed to a high art. All the billions given to American social institutions since 1919 cannot be charged off to intelligent philanthropy.

High pressure, intensively organized campaigns with their emotional appeals and some inherent coercion outflanked the rational and critical resistances that are normally engendered in any promotional work. The dissolution of these resistances is recognized by competent public relations men as the best test of the soundness of any promotional procedure. But high pressure methods did not dissolve such resistances. They merely outflanked them and thereby aggravated and stimulated them. Nothing ultimately develops such sure sales resistance as high pressure methods repeatedly used. It is sad indeed if the present financial depression is to be blamed exclusively for the difficulties social institutions have and will have in obtaining funds.

#### *How Emotional Appeals Fail*

The hysteria and rote of the emotional appeal was an offense against all that is scientific and rational, the very embodiment of which was many times presumed to exist in the institutions for which appeals were being made. Today, because of that, social institutions face to some extent the climax of an old story. Emotional, exaggerated and incorrect methods of promotion created expectations that were not fulfilled. Actual values do not correspond to the descriptions received and the prices paid. Expectation and reason have revolted. They take a measure of revenge today by underestimating what has been accomplished.

However, all this has served a purpose. Promotional methods used for an institution reflect the soundness of its development plans. To learn that in many instances neither was sound may be worth the price that society has paid.

3. An abuse of the fund-raising campaign in almost any form was that rational and utilitarian objectives in an institution's development, if such existed, were frequently not given proper exposition. Often they were, either by intent or ignorance, obscured by the emotional appeal and the

high pressure campaign. Funds would be obtained with only the slightest commitment of the institution to those who provided the funds. An institution could obtain by the intensive campaign a great deal of money from thousands of individuals without a vestige of contractual detail holding the institution accountable to the community or its own constituency in anything but a vague and general sense. On the few occasions that a band of contributors sought redress they found themselves holding a contract (their pledge agreement) in which their only considerations were generally worded, "in consideration of the gifts of others, I hereby pledge and promise to pay——." In a few instances funds were, and are yet, being obtained for social institutions under conditions and by practices that amount to false pretenses.

#### *Intensive Campaign Has Its Uses*

Unfortunately, many times, those directing the development and destiny of an institution desired and planned nothing except to do more of the same thing they had always been doing; to build more buildings in which to do it, and to gather, if possible, enough endowment to do it as long as they lived without molestation or question.

4. The intensively organized fund-raising campaign had its uses. In many situations it was the only logical procedure in obtaining funds, and at this juncture it should be pointed out that it still has logical uses. There are still situations, and there always will be, in which the short-time, intensively organized fund-raising campaign under the direction of competent and experienced men is the most logical, practical and economical means of fund-raising.

This is particularly true in the case of annual campaigns for current operating funds such as those conducted by the community chests. In these instances, long-time development or capital funds for plant or endowment are seldom if ever involved. The case and the appeal of the community chest are simple, direct and generally well understood by those who are asked to pledge funds for one year's program. Campaigns for chambers of commerce, Boy Scouts, the annual budgets of churches, and similar campaigns fall into this category.

Then there are the cases of social institutions in small or middle sized cities in which the institution and its plans, purposes and functions are well known. The service area of the institution is generally limited either geographically or by the number and type of persons served. Future development plans are well known and intimately observed by those asked to contribute.

Obviously, all that is wanted in these and like

situations is an efficient, effective and economical technique of solicitation that can be quickly organized. The well routinized, short-time fund-raising campaign is the only practical procedure.

5. In closing this first article, some of the improvements that have taken place recently in fund-raising methods should be recounted. As early as 1925 two or three of the leading firms in the business of directing fund-raising campaigns became convinced by experience that in obtaining funds for institutional building and endowment programs, the intensively organized campaign of high pressure solicitation was, at its very best, inappropriate.

These firms set about remaking the high pressure campaign into a low pressure promotional program. Instead of emotional appeal, the objectives and development plans of an institution were more slowly but completely unfolded through improved publicity means. Systematic cultivation of prospective donors was substituted for coercive solicitation.

This, naturally, required the organization of thoroughly competent publicity departments in the firms that undertook to direct the application of such methods. The publicity departments and use of the low pressure promotional methods required a different personnel — a distinctly different type of man. The changes set up a demand for men with much wider training and greater breadth of view who approached the whole problem of institutional development from a more rational and scientific point of view. It should not be implied that the newer type of men wholly or even largely displaced the high pressure artists of earlier days, but they were brought into the better firms in increasing numbers.

These improvements alone produced remarkably better results. Much of the dissatisfaction that was the residue of the earlier campaigns was almost completely eliminated. Larger sums were obtained for social institutions at a lower cost with general satisfaction to all concerned.

#### *Fiascoes Brought Improved Methods*

Again, in the earlier days, even reputable firms would many times contract their services for the direction of a campaign with meager thought of whether or not the sum sought could possibly be obtained; they made certain only that their fees would be paid. Many campaigns turned out to be notorious and ridiculous fiascoes, and their reverberations set up widespread resistance to the sale of professional services in the direction of a campaign.

Here, too, leaders in the field pioneered in relief of this situation. As a preliminary to a campaign,

they insisted upon making a survey of an institution's fund-raising resources and potentialities. This eliminated many but, needless to say, not all the speculative aspects of the fund-raising campaign. It did indicate in advance the possibility of securing the sum sought.

#### *Is There Real Need for Funds?*

At this point a fundamental question arises. Because it may interpret the whole modus of institutional development in America thus far, it is important to scrutinize a statement almost always made or inferred, to the effect that another prime purpose of the survey was to examine the need and utility of the development contemplated. It was assumed that a campaign would not be recommended if searching examination of the facts did not demonstrate the need and social utility of the development.

The real fact of the matter is that until now most of these surveys, where they treat of need and utility, have been little more than artful conglomerations of generalities and half truths calculated to sustain preconceived ideas of development and promotion. The more competent ones are fairly sound where they touch upon *how* funds may be obtained but most of them are pretty clownish in sections that attempt to deal with the question of *why* funds should be obtained.

It is right here that those interested in the public relations and promotional methods used in the development of social institutions realize that improvements during the last fifteen years, marked though they have been, are mainly functional improvements of procedure. They are not organic changes in method and concept either of those within our social institutions or those on the outside working for them.

Of course, it is pleasant to think that pay rolls should always be met; that our particular institution should move from one development or promo-

tional program to another; that more and more money should be obtained time after time; that the only reason money is hard to get now is that we are going through a depression; but that skies will brighten. Those thoughts, if they invade our reasoning sufficiently, will send us off into a mass of fund-raising campaigns just as soon as conditions seem favorable again. But they are thoughts that, many times, cannot be substantiated by concrete facts relating to the need and utility of some of our social institutions.

An honest appraisal would award some of them padlocks for their doors rather than public interest and support drained away from other institutions that are vital and useful. A firm remembrance of this possibility may be our beginning of wisdom in the development of social institutions.

There is a peculiar mania that attaches to most all social institutions—the thought that they should go on and on forever. Most social institutions or their departments filled definite and well-spoken needs when they were brought into existence. They were created to fill those specific needs and generally they filled them well. But as time goes on and conditions change, the needs that called the institutions or some of their services into being cease to exist. Unless the institutions evolve to anticipate and meet new needs, they, too, should cease to exist.

#### *Publicity Should Be Organic With Plans*

A person in a detached position must frequently wonder why a social institution that was called into existence and has filled a definite need may not die an honorable death, just as a man who lives out a useful life does.

Renewed usefulness is based upon the fulfillment of new needs. Soundness in procedure comes with a realization that public relations methods must be organic with renewed usefulness. Otherwise promotional activities become vain importunities.

## Tracing the Strange Parentage of Common Terms

The distance words have traveled to arrive at their present meanings is interestingly brought out in a new book, "Picturesque Word Origins," taken from Webster's new international dictionary. Derivations of some of the words occurring in hospital and medical life follow:

- Agony: from a struggle for victory in the Greek games.
- Ambulance: a walking hospital.
- Anatomy: cutting up the body.
- Bedlam: a madhouse, a contraction for St. Mary of Bethlehem in London.
- Cancer: from the crossbars of a latticed gate.

Delirium: to go out of the furrow when plowing; off the track.

Digitalis: from finger-shaped, referring to the design of the corolla of the flower.

Eliminate: to put outside the threshold.

Fee: tribute in cattle, cattle being the medium of exchange of nomadic herdsmen.

Humor: a fluid of medieval physiology.

Infant: one who cannot speak.

Melancholy: black bile, an excess of which was thought to cause gloominess.

Monster: a divine omen of misfortune.

Parasite: eating at the table of another.

Symposium: a drinking party.

Toxin: from the poisoned arrows of ancient bowmen.

# An Affiliation Plan Between Hospitals and a School of Pharmacy



**T**HERE are two reasons why every hospital should have pharmaceutical service of the highest type and, if it is large enough, should have a pharmacist. The reasons are, better service for the patient and a financial saving to the hospital. In the case of hospitals that are too small to warrant the services of a full-time pharmacist it is possible for one pharmacist to be employed by two institutions.

This article will show two ways in which Cleveland hospitals have solved this problem.

As the major interest of faculty members of the school of pharmacy of Western Reserve University is professional pharmacy, they feel that true pharmacy should express itself in the hospital along with medicine, surgery and their various subdivisions. Interest in hospital pharmacy has been growing rapidly since pharmacy has taken its place among the educated professions and is no longer a course consisting solely of technical training.

Since July, 1932, no school of pharmacy that is a member of the American Association of Colleges of Pharmacy has offered a course shorter than four years with high school graduation as a prerequisite. Many graduates now have secured the master's and doctor of philosophy degrees.

The school of pharmacy of Western Reserve Uni-

versity for a period of ten years has been serving the hospitals of the Cleveland Hospital Council in an advisory capacity and has been manufacturing pharmaceuticals for them without having any written agreement with them. This led, in 1932, to a written agreement between the university corporation, for the school of pharmacy, and the university hospitals corporation.

This agreement, with one or two modifications, is a copy of the agreement existing between the medical school and the hospitals. The agreement confers teaching and research privileges upon the school in things pharmaceutical. It provides that the head of the department of pharmacy within the school becomes directing pharmacist in the hospitals and the pharmacists within the hospitals are vested with faculty rank.

It further provides for a pharmacy committee, consisting of four physicians (medicine, surgery, pediatrics and obstetrics, usually), the directing pharmacist and the pharmacist, which meets monthly, passes upon pharmaceutical matters and makes recommendations to the medical council. It is this committee

*The dispensing pharmacy at Cleveland City Hospital is shown in the photograph at the top of the page. On the opposite page is pictured a cabinet which contains sterile solutions, now made in the hospital.*

*Last year a saving of \$20,000 in pharmaceutical operations was made in the Western Reserve University Hospitals. In Cleveland City Hospital, there was a saving of more than \$27,000 in manufactured products alone. These economies constitute only one angle of the improvements resulting from an affiliation between two hospitals and a school of pharmacy*

By EDWARD SPEASE

Dean, School of Pharmacy,  
Western Reserve University, Cleveland

that is of most value to the patient and within which saving to the hospitals really has its inspiration and beginning.

The school maintains a manufacturing laboratory wherein materials of all types are prepared for the hospitals and a control and research laboratory where products are standardized and wherein many problems are solved for the hospitals. This research laboratory is also in constant contact with purchasing and administrative departments and aids in evaluating and selecting many things offered to the hospitals.

Students are given practice in both pharmacy and out-patient departments and are taught about professional stores embracing many items not usually found in retail pharmacies. Plans have now been developed for extended training for certain more capable students to prepare them for hospital pharmacy work.

A university hospital, of course, is a teaching hospital and some of the problems existing in it will be found only in similar institutions.

Some of the accomplishments that will interest staff and administrative officers have been selected from the first year of operation of the school of pharmacy and hospital affiliation plan. I shall list the following: (1) revision of the hospital formulary and the affixing of a red star to expensive sub-



stances; (2) provision for a proper method for home-going patients to receive medication; (3) acceptance of tincture and tablets of digitalis, grown, manufactured and standardized by the school of pharmacy, not only effecting an economy for the institution but promoting drug research; (4) discussion of procedure for prescription filling for patients of physicians located in the hospitals; (5) preparation, sterilization and dating of labels of intravenous glucose made directly from dextrose and the selection of this dextrose; (6) dispensing of homatropine solutions; (7) selection of an appropriate routine mouth wash; (8) reduction of the inventory of biologicals; (9) adoption of methods of handling spirituous liquors and narcotics and the adoption of a purchasing policy for them; (10) emergency medication for night and holiday use; (11) sterilization of ophthalmic ointments; (12) control of insulin usage; (13) selection of cod liver oil after reviewing research laboratory reports; (14) affixing of labels for all sterile and chemically nonstable solutions where expiration dates are necessary; (15) testing the color



*Left: A pharmacist at work at a dispensing counter. Below, on the opposite page: inspection of ward cabinets. At top of the opposite page: a drug wagon loaded with utility drugs and ward baskets.*

and strength of alcohol for general use; (16) study of germicides; (17) selection of a standard diabetic outfit for home-going patients; (18) discussion and selection of ephedrine preparations; (19) manufacture and sterilization of saline; (20) new formulas for certain formulary prescriptions; (21) selection and preparation of laboratory stains and reagents made in the school and in the pharmacy; (22) adoption of certain types of flasks for solutions; (23) deletion of some solutions; (24) elimination of the number system in favor of titles for the hospital formulary, and (25) selection of a pharmacy uniform.

#### *Laboratory Analyzes Products*

Upon request of the committee, the school research laboratory made analyses of twenty-two products in one year, and these have brought about many savings. Some of these were cod liver oil, whisky, alcohol, compound solution of cresol, ephedrine, sludge from sewer pipes in surgery with the subsequent elimination of stoppage, water to determine cause and elimination of pitting in stupe kettles, milk, cream, narcotic tablets and some ampules.

The relationship of the pharmacy committee with the hospital staff and administrative officers has been most satisfactory and the provisions of our agreement, in more than two years of operation, have never once been invoked to settle any question. Through the medium of the pharmacy committee the pharmacist is given an opportunity for free expression without danger of usurping medical prerogatives. We in pharmacy have learned many new things in this relationship with the hospitals, and while no provision is made for it in the contract a weekly conference of the administration, the dean of the school of pharmacy and the

but it is sufficient to state that our manufacturing and control laboratory and our close cooperation with staff and administrative officers have resulted in a saving of more than \$20,000 in one year. Many of these savings will be repeated in years to come.

The plan of the pharmacy and the selection of a properly trained pharmacist should be made by one who is familiar with the problem.

Our most notable achievement in this respect has been with the Cleveland City Hospital. What has been accomplished there may be easily duplicated in any hospital if a careful selection of the pharmacist is made and the same sympathy, understanding and cooperation afforded him as have been experienced here from the hospital staff, the city welfare director and the superintendent.

Our first requirement in selecting a pharmacist was thorough education and training coupled with the highest integrity. After the chief pharmacist was selected we collaborated with him in the construction and equipment of his department. In this particular hospital it has been demonstrated that the ideal arrangement is to have the entire pharmacy located on one floor.

#### *Pharmacy Handles Professional Supplies*

It may be of interest to list the rooms: the main pharmacy with its dispensing window where all orders, prescriptions and ward baskets are filled; an office for the chief pharmacist and clerical help; a solution room for the preparation of soap, cresol and solutions made in quantities; a manufacturing room containing machinery for mixing, emulsifying, ointment making, tube filling, capsule filling, suppository making and bottling; a tablet room with tablet machinery; a stock room, and a fire-proof room for alcohol and ether storage.

Sterile solutions were not made in the pharmacy

at first, as they were in the University Hospitals, but recently this service has been added.

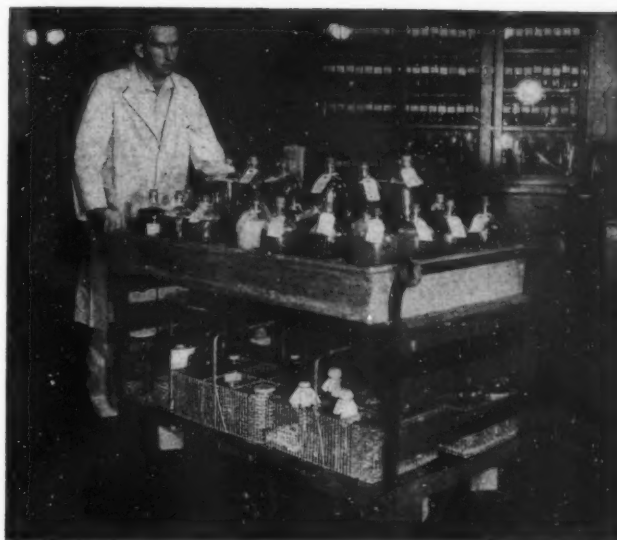
All professional supplies are handled by the pharmacy. A pharmacy committee, as such, does not exist but might be a useful addition. Decisions as to medication have been developed in City Hospital similar to those found in the University Hospitals. The City Hospital pharmacy was developed first and has been of great subsequent aid in the development of procedures.

#### *Savings Mount in 1933*

A glance at the savings produced by the City Hospital pharmacy will demonstrate its usefulness. In volume of manufactured articles during 1933 there was an increase of 20 per cent over the previous year and the savings in 1933 exceeded those of 1932 by 15 per cent. The total saving due to manufactured articles amounted to \$27,891.29.

There are a number of creditable pharmacies to be found in all the first-class hospitals of the city, many of which we have helped to perfect.

We have sufficient evidence to prove that any hospital with a capacity of from 150 to 200 beds can support a pharmacist for pharmaceutical duties only. In many smaller hospitals it has been found advantageous to combine with pharmaceutical duties the purchasing of professional supplies and



even of all hospital commodities. In some instances, with additional help, a pharmacist may perform his professional duties as well as take charge of purchasing for hospitals of 100 beds, although only a limited amount of out-patient work can be taken care of in this case. This arrangement exists and is working out successfully in several Cleveland hospitals.

It is the policy of both institutions herein discussed to manufacture every item possible in which quality may be improved or savings may be made while quality is maintained. A big saving always results when the numerous small items are manufactured within the hospital, for it is impossible for the outside manufacturer to produce in small quantities at moderate prices.

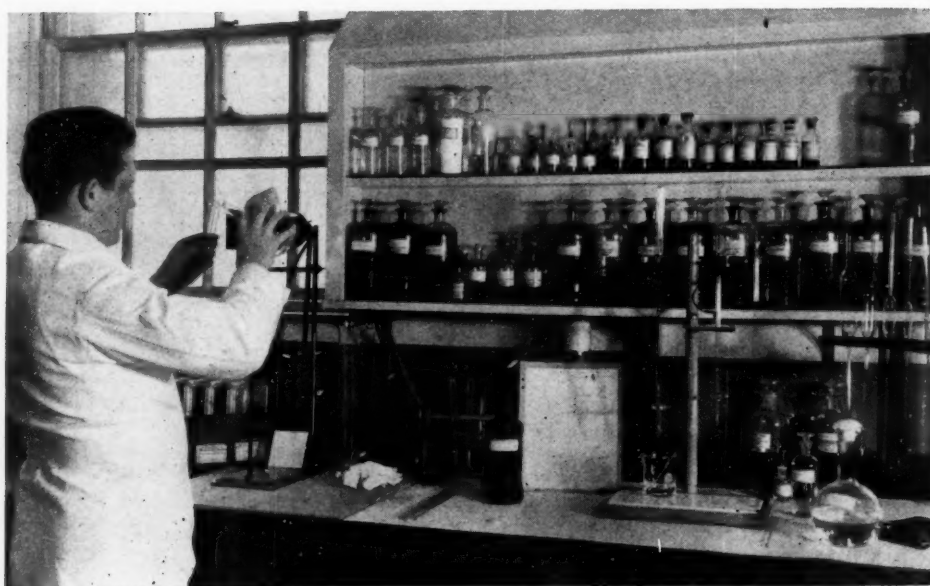
#### *Proprietary Items Are Investigated*

It is a further policy to discourage the use of proprietaries that duplicate the United States Pharmacopeia, National Formulary and New and Nonofficial Remedies items, to discourage irrational medication, but not to refuse recognition to such proprietaries as have been scientifically developed and are of proved therapeutic merit. It is the policy to investigate each individual proprietary item.

Hospitals today that receive aid from welfare organizations or from endowments or funds given for charitable purposes face a challenge to make these funds go as far as possible. If the physician with the aid of the pharmacist in the hospital will conscientiously and carefully study the many expensive forms of medication at hand it will often be found that not only John, but his brother, too, may receive treatment.

In the private hospital where the ultra-fastidious patient may be found, the hospital pharmacist may often develop palatable and pleasant forms





*A testing counter. The school of pharmacy made analyses of twenty-two products in one year, and the findings saved the two affiliating hospitals considerable sums of money.*

of medication and also agreeable means of administration.

Our experience over these years leads us to draw the conclusion that every hospital needs a carefully planned and carefully located pharmacy and a well trained pharmacist. No one should be permitted to manufacture, prepare or dispense medication unless that person is qualified to do so if many unhappy accidents are to be avoided.

Every physician interested in hospital practice and every hospital administrator will find it helpful to read the article by Dr. Robert A. Hatcher en-

itled, "The Hospital Formulary."<sup>1</sup> We have practically developed for ourselves the rules laid down in this article and heartily approve of Doctor Hatcher's findings. We are so thoroughly in accord with

the final paragraph of his article that we feel it is worth while to reproduce it. It follows:

"This plan requires for its fullest success a highly skilled pharmaceutical staff capable of cooperating with the medical staff of the hospital in the conduct of therapeutic research. The training of men to fill the pharmaceutical positions in such progressive hospitals constitutes at once an opportunity and a challenge to the schools of pharmacy, for there are few such pharmacists now available."

<sup>1</sup>Hatcher, Robert A., "The Hospital Formulary." The Journal of the American Medical Association, Dec. 2, 1933, p. 1802.

## What Dental Service Should the Hospital Provide?

Formerly it was a rarity for a hospital to possess a well equipped dental laboratory, but now proper facilities for dental work and the presence on the hospital staff of dental interns and dental hygienists is quite common. Usually this service is more adequate in the dispensary than in the hospital. Good advice regarding mouth hygiene is of little avail unless the institution is able to provide its patients proper inspectorial service, and is able to give every ward patient a good toothbrush.

Nor does the institutional obligation cease here. Toothbrushes must be collected daily by the dental hygienist and sterilized so as to maintain them in a sanitary condition. In many hospitals a toothbrush in a container is only one of the several articles given incoming patients in the receiving ward. Whether the hospital should be reimbursed for toothbrushes is a question that each institution must decide for itself. Sometimes the patient is charged a nominal fee, but if the patient is unable to pay for the toothbrush, the hospital should provide it. In some institutions, a modern dental carriage is provided that contains the usual instruments necessary for prophylactic work. In some cases these carriages are equipped with a dental engine so that mouth prophylaxis may be promptly and

efficiently performed within the wards or private rooms.

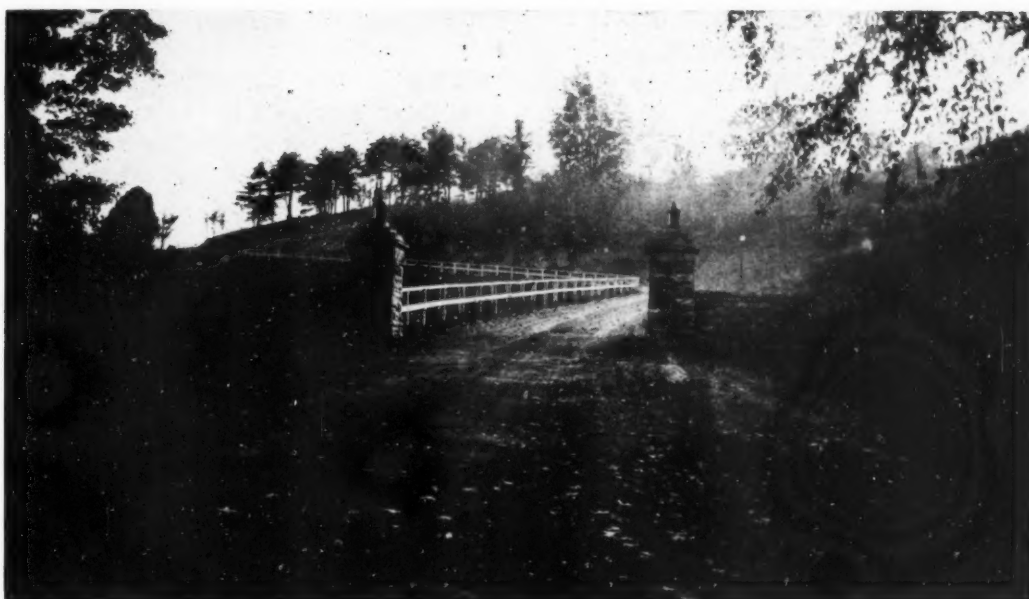
It has been proved that focal infection centering about the teeth is responsible for a number of ailments, many of which are incapacitating and some of which may even be fatal. A staff member at the head of the dental department is essential in the organization of institutional dental work. It is of little avail for an arthritis or an endocarditis patient to receive proper medical treatment in the hospital unless the focus of infection in the mouth is removed. The mouth of every in-patient should be examined routinely by the dentist and infective foci should be eradicated.

## Bugbear of Small Institutions

A bugbear of small hospitals is the inadvertent admission of an unrecognized case of communicable disease. Most small hospitals lack an observation department where child patients particularly can be temporarily retained.

Lacking this facility, doubtful ward patients should be put into a private room until diagnosis is clear. Isolation by nursing technique needs to become a fine art in the small hospital.

The Canadian Hospital Council's committee on small hospital problems suggests that in older small hospitals a portion of the third or attic floor could be fitted up for emergency accommodation only.



## Mary McClellan Builds for Better Community Health

By RAYMOND P. SLOAN  
Associate Editor, The MODERN HOSPITAL

IN THAT picturesque region of New York State where the Hudson River meanders modestly with no apparent inclination to assume the glories that have brought it worldwide recognition is the little town of Cambridge. To the east of the river, it lies almost on the border line of Vermont as though undecided whether or not to declare itself openly a "down-easter." Its fertile fields and meadows nestled in the valley are almost completely surrounded by hills with the mountains of Vermont looming in the distance, topped by the majestic Mt. Equinox.

Although first and foremost a farm country, the region can rightfully boast of other industrial pursuits. In Cambridge itself activities center for the most part on the development of rice seed. Pulp and paper mills are to be found scattered here and there throughout

the surrounding hills with an occasional slate and marble quarry.

There is another activity, too, of which the town is justifiably proud and which has won for it a reputation extending far over the hills even into the western portion of Vermont. Its presence is

not apparent, for it is hidden amidst 85 acres on a heavily wooded hilltop about one mile from the town and is reached by circuitous roads especially graded and constructed. Its presence is felt, nevertheless, every day in the year. Few among the 52,000 residents of Washington County or the country adjacent have not had occasion at some time to travel those pine banked roads that lead to the Mary McClellan Hospital!

Fifteen years ago this community, like many another such rural section, was without hospitaliza-

*This month the Little Journey takes us to Cambridge, N.Y., and through the entrance gate shown above to Mary McClellan Hospital. Among interesting features to be found there is a nurses' training school with a direct college affiliation. Only those students are accepted who have completed two years of work at Skidmore College and who have proved their aptitude for nursing during a ten weeks' preclinical course at this rural hospital*

tion. In fact, even today Mary McClellan is the only hospital in the county. Fifteen years, however, have witnessed the establishment of a strong foundation on which a modern medical and health center has been erected comprising a wholly self-contained institution for the care of medical, surgical and obstetrical patients.

Like other medical centers, this is a miniature town in itself with its electric lighting plant and its heating and sewage disposal units. Even its water is pumped from wells on the property and is softened and stored in a reservoir for the hospital's exclusive use. The institution is self-sufficient even in some of its food supply for in its vast acreage are gardens supplying fresh vegetables for summer use and winter storage.

Eight buildings in all comprise the group, including the main building of 92 beds and 15 bassinets, a nurses' home which houses 40 people, two doctors' residences, a separate power house and service station, a servants' dormitory, an ice house and a separate building located some distance from the hospital for the care of patients with contagious diseases. In this there are six beds.

#### *A Native Returns*

The entire project represents the interest of one citizen in modern hospitalization. It is the story of a home town boy, Edwin McClellan, who left Cambridge to attend Yale University and who through business affiliations and personal inclination came back to erect a modern hospital unit in honor of his mother.

During his college course, Mr. McClellan made

close friends of several young doctors who afterward became well known practitioners and consultants in New York, Albany and Troy. These men later formed the nucleus of the consulting staff of the Mary McClellan Hospital. In its first days they journeyed to Cambridge once each week, working there in conjunction with two young residents. Gradually their visits were made once every two weeks and today they visit the hospital once each month.

#### *Introducing the Resident Staff*

In the years that have intervened, the same two residents, Dr. Stanley T. Fortuine and Dr. Denver M. Vickers, have carried on to the point where they do practically all the medical and surgical work of the hospital. They are provided with homes on the grounds for themselves and their families and receive a yearly salary from the hospital for their services. Income from any outside consultation work in which they may participate comes directly to the hospital. The hospital in turn shoulders full responsibility in collecting bills and following up delinquent accounts. Surgeons in good standing, on application to the board, may be extended the privilege of the operating suite, and physicians showing proper credentials may treat patients in the medical, obstetrical and contagious departments.

During the early years which are so important in cultivating public interest and good will in rural hospital activities, Mr. McClellan worked shoulder to shoulder with every member of the hospital staff in educating the countryside on its various



*The main building of this modern medical and health center.*

*Where the twenty college trained nursing students and the twenty-four graduate nurses are housed.*



services. He was fortunate a year after the hospital was opened in securing the services of Miss M. M. Sutherland, R.N., an experienced hospital woman, as superintendent.

Mr. McClellan was insistent that the hospital's facilities and methods be second to none. Miss Sutherland through her practical knowledge of hospital routine was able to set up and carry through a plan of organization which has stood the test of time and which remains today an example other larger institutions might well follow. The hospital has progressed as only an organization can progress through sound management, backed by rare vision.

Ten years after it first opened its doors, more room became a crying need. Consequently, in 1929, another wing was added to the main building, bringing the capacity up to the figures already given. Each year operating expenses have been met with the income from an endowment fund, plus the comparatively small revenue from patients. No funds have been raised by campaign or by personal solicitation. Although Mr. McClellan passed away a few years ago, his work and support still continue through the interest of his widow.

#### *College Degrees for Nurses*

Particular attention centers upon a certain phase of the hospital's work that has to do with the training of nurses. Recent agitation over the desirability of providing nurses with college degrees through direct affiliation with a college or university reveals the fact that for twelve years such a plan has been carried out at Mary McClellan in conjunction with Skidmore College at Saratoga, N. Y., and Yale School of Nursing, New Haven, Conn. As originally conceived, the course covered five years with time duly apportioned between college and hospital. This has since been cut to four years and two months.

The plan originally was born of Mr. McClellan's desire to see the hospital not only serve the needs of doctors of the community in their diagnostic and curative work and supply the people with health information and care during illness but also develop a course in nursing education. Up to the present time, the school has been maintained by private resources and, despite unfavorable conditions, provision has been made for its continuance during the coming year independent of hospital funds. As all education is expensive, however, and as the progress of any school is hampered unless it has adequate operating funds, every effort must obviously be put forward to secure its permanent endowment.

#### *The Nursing Program*

Only those students have been accepted who have completed successfully two years of college work and have proved their aptitude for nursing during a ten weeks' preclinical course. Today the school has an enrollment of twenty and a graduate group of twenty-four. This nursing program is in charge of the associate professor of nursing and health at Skidmore College, who divides her time between the college and the hospital and is responsible for planning the curriculum. At the hospital working under her supervision is a resident instructor. The course as it is now offered is apportioned as follows:

First college year: Nine months from mid-September to June 1 are spent at Skidmore College.

Preclinical period: Following three weeks' vacation, ten weeks are spent at the Mary McClellan school of nursing. This preliminary theoretical and practical training in nursing is an aid in determining the student's aptitude.

**Second college year:** After another vacation, the nine months from mid-September to June 1 are spent at Skidmore College.

**First clinical period:** After three weeks' vacation the student spends fourteen months at the Mary McClellan school of nursing, where under close supervision she studies typical medical, surgical and obstetrical cases in the hospital wards and clinics. During this time a special effort is made to show her the relation of the patient to the community. As much emphasis is placed on the preventive as on the curative aspects of disease.

**Second clinical period:** After four weeks' vacation, nine months are spent in affiliation, that is, three months at Butler Hospital for psychiatric nursing experience and six months at the Yale School of Nursing where experience is gained in pediatrics, tuberculosis and communicable disease.

**Third college period:** The student at this time returns to Skidmore College for a six weeks' summer course, receiving instruction in general education. This is followed by a month's vacation.

**Period of general community service:** For the final two months, the student is offered valuable experience in public health nursing at the East Harlem Nursing and Health Service, New York City.

This program leads to the degree of bachelor of science and the diploma of nursing.

The tuition requires a total expenditure on the part of the student of approximately \$3,000 including living expenses. During hospital residence living is provided and uniforms are laundered at no charge.

The aim is not to produce specialists in nursing. Rather does the faculty hope that the result will be better technicians, better schooled, more judicious nurses in the community, good bedside nurses and women with a wider outlook on themselves and their rôle in life. They trust that the curricu-

lum will develop a natural sort of growth in each student so that she will be better able to choose a graduate field of endeavor wisely. It is possible and more than probable that this choice might necessitate further study either in another hospital, health center or university.

The administrative work of the hospital and routine nursing care are carried on by a staff of twenty-four graduate nurses so that the student nurses are not exploited. It is significant to note, too, that despite the large number of nurses out of employment during recent years, graduates of the Mary McClellan nursing school have always been in demand. These girls are occupying positions of importance today in hospital and public health work.

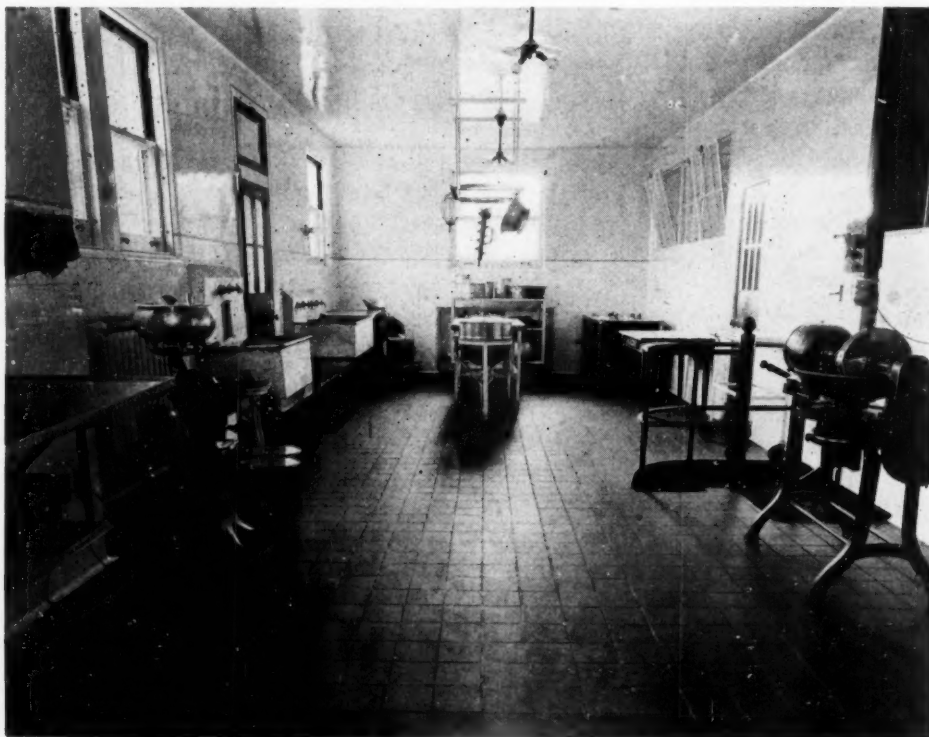
Of the three services that the hospital is rendering today—medical, surgical and obstetrical—possibly the most important is obstetrical. This is due to the public health work, which is directed chiefly to the mothers and children of the community.

#### *"Well-Baby" Clinic Is Outstanding*

The hospital has no regular daily out-patient department. This obviously would be impractical considering the territory it serves and its location. Between certain hours, however, on certain days appointments are made when clinics are held in connection with prenatal work, maternity, and what is designated as "well babies." The well-baby clinic has been outstanding in the service rendered. Every child that is born in the hospital is privileged to be brought back for an examination, immuniza-

tion and follow-up twice a year until he reaches the age of six. Following these periodic examinations, recommendations are made to the family physician, if there is one.

A well trained public health nurse makes contact with the patients at home. Thus prospective mothers are visited before their confinement in the hospital, in this way making it possible to handle individual



*Part of the well equipped kitchens. Because it is remote from large markets, the hospital does its own canning and preserving.*



*From the hospital's own gardens and with the aid of the Women's Auxiliary the contents of this well stocked storeroom have been assembled.*

cases more intelligently and with closer understanding.

The main clinic is furnished particularly to appeal to the children. Pine furniture is used with little chairs and tables designed for their exclusive pleasure, and potted plants and brightly colored prints have been placed here and there to divert their attention. Off the main clinic are rooms for examinations and treatments. Orthopedic, eye, dental and mental hygiene clinics are also held at regular intervals.

The matter of collections, always a problem, becomes even more so perhaps in a community in which the personal equation is so prominent a factor. Each case is treated individually, and some indigent cases have paid their indebtedness by personal service to the hospital or by giving food supplies from their farms.

#### *Vegetables and Fruit Are Canned*

Because of the great distance of adequate markets, it has been found advantageous for the hospital to do its own canning. Fresh vegetables, berries, grapes and other fruit are brought in from the garden and prepared. There is always available a list of women from the Women's Auxiliary who can be called for help in such work.

The Women's Auxiliary brings up the question of public relations, always an important one in the conduct of community hospitals. In addition to an exceedingly active chapter of the auxiliary in Cambridge itself, branches have been established in many of the adjoining towns. Once a year a Field Day is celebrated, the chapters vying with one another in making contributions to the hospital. Funds thus raised do not go directly to the hos-

pital but are utilized by the auxiliary in buying sheets, blankets and similar items for replacement. It is estimated that two or three thousand dollars are expended annually in this way. In addition all sorts of gifts are received such as chickens, berries, grapes and other farm products.

#### *Staff Members as Press Agents*

Each member of the hospital staff serves in promoting public relations. Doctor Fortune and Doctor Vickers, for example, are highly regarded and respected not only for their medical knowledge but as men of standing in the community, always interested in civic affairs and ready to help in any movement looking to the common good. The contacts made by Miss Sutherland and her staff in bringing the hospital message into the home through clinical work and public health activities have likewise proved the most effective type of press agent.

Fifteen years have witnessed revolutionary ideas in the treatment of disease and preventive health measures throughout Cambridge Valley. Gratitude is deep in the hearts of the countryside toward the man with the generosity and vision to establish this rural medical center as well as toward those whose lives are devoted to carrying the work along to new goals of achievement.

## Coloring Solutions

At Johns Hopkins Hospital, Baltimore, boric acid solutions are slightly colored, to distinguish them from normal saline solution which is put up in similar flasks. Each 100 cubic centimeters contains .0125 per cent of the dye, which is .2 per cent amaranth and .8 per cent Brilliant Blue.

# How Detroit's North End Clinic Treats

**P**ATIENTS eligible for care at the North End Clinic in Detroit, were formerly sent to the various departments either by the admitting social worker, in the case of new or reinvestigation patients, or by a nurse or the assistant administrative director, in the case of current patients not having appointments on that day.

With the exception of patients registered for the specialized departments, all new patients were given such routine laboratory examinations as urine, tuberculin and Kahn tests or such other examinations as measurements of height, weight, temperature and pulse. All return patients, again with the exception of those sent to the specialized departments, had routine temperatures, heights and weights taken each day they visited the clinic. A routine urine examination was made every six months. Complete histories and physical examinations of all patients were expected from the physicians.

As the depression developed, however, the clinic was confronted with an increase in both new patients and total visits. At the same time income from patients and appropriations from the community fund decreased. As a result, patients who were not acutely ill had to wait a week or two weeks or sometimes longer before receiving medical care. In order to meet these difficulties, especially the overcrowding in all medical departments and the delay in medical care, an admitting and minor complaint department was established.

## *Duties of Admitting Physicians*

The duties of the admitting physicians were (1) to route new patients to the proper department and (2) to see and dispose of all old patients not having appointments, either by giving them necessary treatment or by referring them for complete study to the department indicated. Patients with minor complaints, whether new or active, were segregated and treated by the admitting physician and sent home. Except for an occasional case, no laboratory or other routine examinations were made on these patients. All were told to return in two to three days if not improved.

Shortly after the bank holiday when the financial situation in Detroit became acute and it was evident that the budget had to be drastically reduced, the admitting and minor complaint department was expanded. Beginning March 15, 1933,

TABLE I—ANALYSIS OF 100 VISITS DISPOSED OF BY ADMITTING PHYSICIANS

1. To hospital	
Upper respiratory infection (1); erysipelas (1).....	2
2. Treatment given	
Minor trauma (7), worry about minor conditions requiring no treatment (5), athlete's foot (5), impetigo (2), earache as result of a cold (2), note to school (1), hangnail (1), letter to department of public welfare (1), myositis (1), first degree weak arch (1).....	26
3. Refill prescriptions as elixir luminal, mineral oil and cod liver oil .....	24
4. Unbenefited arthritis or asthma (3 patients made 14 visits) ..	14
5. Patients having appointments (improved).....	12
6. Varicose veins (can wait).....	5
7. Rest period given by admitting physician	
Postoperative thyroid (1), duodenal ulcer (1), mild diabetes (1) .....	3
8. Psychoneuroses .....	4
Rest period advised by admitting physician, advice corroborated by patient's physician	
9. Patients' physician not in. Admitting physician gave treatment. Later appointment made to see their own physician	2
10. Patients needing glasses or tonsillectomies. Advised to wait until funds are available.....	3
11. Uncooperative. Not admitted. Patient with hypertension, adiposity, psychoneurosis—does not follow instructions.....	1
12. Diagnosis not yet made. Advice given. Patient to be called back for further study.....	1
13. Patients undiagnosed in general medicine or other departments	
Diagnosis established by admitting physician; ureteral stone (1), chronic encephalitis (1), endocrine (1).....	3
Total.....	100

the old appointment system was discontinued and all patients were interviewed by the admitting physician. Patients were classified, in accordance with their medical needs, as requiring the services of one of the following four major divisions: admitting service, minor complaint service, general medicine and special departments.

The data given are for a period of two and one-half months, from March 15, 1933, to June 1, 1933. During this time 4,394 visits were made to the admitting physicians. Most of the patients visited the admitting physicians only once, but a small number visited oftener. Individuals were not counted but there were approximately as many patients as individuals.

The admitting physicians rendered service to approximately 10 per cent of the patients whom they interviewed. Many of these patients presented visible and evident complaints, nearly all of such minor nature that it was unnecessary to refer them even to the minor complaint department.

Table I details an analysis of 100 patients disposed of by the admitting physicians, that is, patients not referred to any department in the clinic on the day they made these visits. It will be noted that 26 patients received medical care from the admitting physicians for conditions such as minor trauma, worry about minor conditions, athlete's

# Those Patients With Minor Complaints

By DAVID J. SANDWEISS, M.D.

Detroit

TABLE II—ANALYSIS OF 100 PATIENTS TREATED IN MINOR COMPLAINT DEPARTMENT

1. Patients previously studied in general medicine. Complete histories, examinations and diagnoses were made before care was given in the minor complaint department.	
Arthritis (11), psychoneurosis (7), postoperative dressings (3), hypertension (1), duodenal ulcer (1), constipation (1), chronic asthma (1)	25
2. Minor trauma: falls, sprained ankles and injuries to fingers	25
3. Upper respiratory infection	12
4. Tonsillitis	7
5. Minor infections: blister (1), hair follicle (1), paronychia (3)	5
6. First and second degree burns	5
7. General complaints due to family excitement	3
8. Miscellaneous: scabies (3), intercostal neuralgia (2), myositis (1), athlete's foot (1), fear of anemia due to nasal hemorrhage (1), advice regarding circumcision (1), bunion (1), swelling of breast (2), hemorrhoids (1), wax in ears (1), truss for femoral hernia (1)	15
9. Patients admitted for minor complaints care but physician referred patients for diagnostic study	2
10. Diagnosis of "neurosis" made in minor complaint department; patient to be called back for further study	1
Total	100

foot, earache as a result of a cold, and impetigo. Twenty-four patients desired refill of prescriptions such as mineral oil, cod liver oil and elixir luminal. Three patients, two with chronic unbenefited arthritis and one with chronic unbenefited asthma, all completely studied in the medical department, made fourteen visits and were given medication.

Twelve patients previously requested by their physicians to return reported they were well on the day the visits were made. Seven patients were given rest periods, three because the patients were improved and four, suffering from psychoneurosis, were given rest periods, after consultation with their attending physician. Five patients having mild varicose veins and desiring injections were advised to wait several months. Two patients were hospitalized immediately after being seen by the admitting physician and three patients previously treated in general medicine with no improvement had proper diagnoses made on them as a result of additional examinations ordered by the admitting physician.

The admitting physicians referred 27.6 per cent of the patients interviewed to the minor complaint department where the physicians were advised not to take complete histories or do complete examinations. The physicians were asked to note on the chart the patients' complaints and the local findings and to give treatment accordingly. These pa-

tients, except for an occasional case, had no laboratory tests or other examinations. They were out of the clinic anywhere from 8:30 to 11 a.m. Whenever the attending physicians believed the admitting physicians had misjudged the patient's condition, the latter were asked to refer the patient to the department of general medicine.

Table II details an analysis of 100 patients treated in the minor complaint department. It will be noted that 25 patients, previously completely studied in the general medicine service, received care in this department. Twenty-five patients were treated for minor trauma, 19 for upper respiratory infections, 5 for minor infections and 5 for first and second degree burns. Fifteen were treated for conditions such as scabies, intercostal neuralgia, neuritis, myositis and athlete's foot. Two patients were referred by the minor complaint department to general medicine for careful study. One patient, diagnosed in this department as suffering from neurosis, was called back for check-up.

Thus the admitting physicians exclude from general medicine and special clinics 37.6 per cent of the patients interviewed by them, thus permitting more careful study and care of those patients who need them most—the 62.4 per cent referred to general medicine and special clinics.

## More Time Left for Those With Major Disorders

All patients requiring careful histories and examinations were sent to the department of general medicine where the physicians were expected to take complete histories and do complete physical examinations including laboratory and x-ray examinations as indicated. These patients could be referred to the special departments for consultation and treatment. All the facilities of the clinic were at the disposal of these patients. This department was staffed by the more experienced men in medicine and the special medical departments. During overcrowded mornings this staff was assisted by the surgeons and gynecologists.

All special departments continued as heretofore, but of course under a decreased load. There was a definite tendency toward less specialization in the clinic as a whole.

The question that naturally arises is, Are patients receiving adequate care under the present set-up? It is necessary only to review Tables I and II in order to determine whether or not the pa-

tients treated in the admitting and minor complaint department were in need of examinations and care other than that they received.

With the exception of several of these patients, temperatures, weights, urines, Kahns, complete histories and complete physical examinations were not necessary for adequate care.<sup>1</sup> Whenever any one laboratory or x-ray examination was considered of aid in the proper care of these patients, it was ordered by the admitting physician. As patients returned the admitting physicians noted their condition on the charts. If there was no improvement on the second or third visit and a complete examination was indicated, the patient was referred to the proper department. This happened only occasionally. Many of these patients returned months later with new complaints, when it was evident that they had improved on the treatment given them previously.

#### *Conclusions of Committee on Experiment*

A committee composed of two members of the board, two physicians and the director of the clinic was in charge of the admitting and minor complaint department during the two and one-half-month experimental period. The following observations were made by this committee:

1. Patients treated in the minor complaint department received adequate care early and left the clinic at a much earlier hour than formerly.

2. Physicians in the general departments either could see more patients with major complaints or could devote more time per patient for complete study.

3. The minor complaint department shortened the waiting period for the delayed appointments and decreased the number of patients who must wait for delayed appointments. Whenever delayed appointments were given, they were given only to those patients whose condition would not be adversely affected by a delay of one or two days.

4. The physician in the admitting service was available to render advice on matters of medical routine in the absence of the assistant chief of staff.

5. The assistant director was relieved of the duties of routing and was permitted to attend to other duties.

6. Without the minor complaint department it was difficult for the admitting social worker to find available medical care for a sudden increase in patients with upper respiratory infections.

7. Routing was accomplished in an effective manner, saving visits and time for both parties.

8. Certain economies were effected in the matter of saving of routine laboratory examinations, as

urinalyses and Kahn and tuberculin tests, but these were not of sufficient quantity to dispense with a laboratory worker and consequently were difficult to evaluate.

9. The broad contact of the admitting and minor complaint department gives the physician in charge of it an unusually wide knowledge of the physical condition of the patients applying to North End Clinic for care. The interest of the admitting physicians has frequently prompted them to follow these cases and the resulting conferences with the physicians caring for them have stimulated more intensive thought and care. This stimulus has led to better results.

10. An important by-product was the valuable medical supervision the administrative personnel received through this intense interest.

11. The admitting physicians, by determining the type of medical service the patients required, assisted the admitting social worker in determining the proper disposition of patients.

12. A nurse was not necessary to assist the admitting physicians in their work. A volunteer was found to be of great help.

13. Unquestionably increased efficiency as noted in the foregoing paragraphs will tend toward a saving in the clinic operation.

The admitting physician service is of particular importance to North End Clinic, because the clinic is not attached to a hospital and a fair percentage of the physicians in general medicine are young men in practice. As the admitting physician interviews all new patients as well as the active patients who have no appointments, the admitting physician is thus able while interviewing the patients to review their charts. Occasionally a suggestion to the physician in attendance and a discussion of the diagnostic problems involved are of great help.

The admitting physicians not only route patients to the proper departments, render service to patients with minor complaints, permit more time for study of those patients presenting diagnostic problems, and assist the admitting social workers in the proper disposition of patients, but also act as assistants in advisory capacity to many of the younger physicians in general medicine. This latter service has proved itself to be most valuable.

### **Pays 29-Year-Old Debt**

A bill incurred so long ago that it was not even on record was paid to Good Samaritan Hospital, Portland, Ore., on February 9.

"I believe it was \$113, but I'll pay you \$114, anyway," calmly remarked a seventy-year-old man who said he was a patient twenty-nine years ago.

<sup>1</sup>The North End Clinic is not a health center but primarily an institution for the care of the sick.

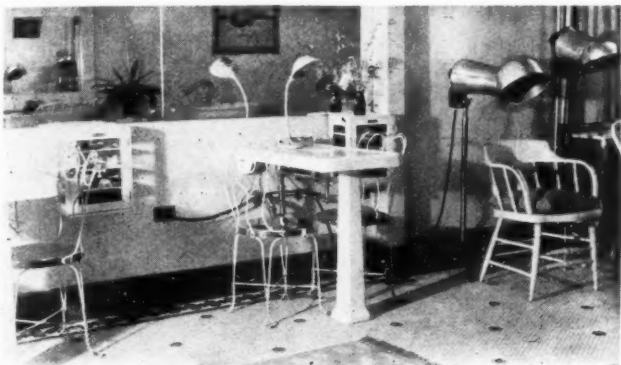
# Beauty Shops Can Be Helpful in Treating Mental Patients

By ARRAH B. EVARTS, M.D.

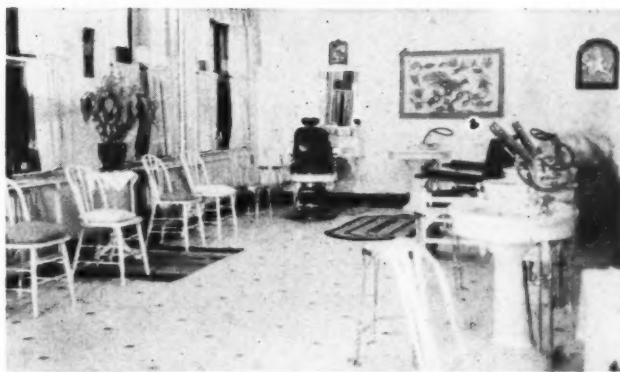
Assistant Physician, Rochester State Hospital, Rochester, Minn.

**A**NYTHING which develops the lost regard for self becomes a therapeutic agent of definite value in caring for patients who are mentally ill. To bring them closer to the normal even in externals is to help obliterate the wound.

Men in state hospitals are provided with barbers and the routine of shaving and hair cutting is car-



*The beauty shop in the Rochester State Hospital is equipped for everything except the permanent wave. The manicuring table is shown above.*



*The shampooing tables and the massage equipment are seen at the left. The marcel table is shown in the picture immediately below.*

ried on as in any village. Now that women are more conscious of their personal appearance and the seeking of personal beauty has become almost a ritual, the need for such an opportunity for women who are mentally ill has become apparent. They are now being provided with their own beauty shops where all the niceties of personal hygiene can be carried out as they are in commercial beauty shops.

At the state hospital in Rochester, Minn., a beauty shop was installed in 1929 with a licensed operator in charge. A small and select group of

patients were assigned as helpers. They were carefully taught their work and progressed gradually through the steps of manicuring, shampooing, giving scalp and facial massage, finger waving and marcelling. Only the permanent wave was omitted. These girls are uniformed in simple pink dresses which carry out the pink and white color scheme of the room. They are delighted with their work and take great interest in it. For them it becomes a means of definite occupational adjustment. The recovery rate in this group is always high. A number of them have made beauty culture their work after leaving the hospital, with satisfaction both to themselves and to their customers.

Patients who receive beauty treatment emerge with a marked sense of well-being. "I feel as if I were a person," one woman expressed it. Only one who is struggling to maintain her individuality in the face of almost overpowering odds is able to grasp the full meaning of this simple statement.





## Small Municipal Hospital Meets Present and Future Needs

**N**EEDED for a new municipal hospital in Greenwich, Conn., was felt some years before the hope of a modern building could actually be realized.

The institution as it stood was inadequate and there were certain fire hazards in housing the sick as well as the old and infirm in a frame structure. In one respect, however, the enforced delay was fortunate since it permitted ample time to study the many problems that are always present, particularly in planning a public institution that must provide modern hospitalization and housing accommodations for sixty-four persons at the lowest possible cost.

As Dr. Albert E. Austin, health officer of the town of Greenwich, outlined its requirements, the hospital must provide care for tuberculous patients waiting to be placed in state institutions, communicable disease cases and aged chronic patients formerly sheltered in the town home. It must be equipped with wards for children with chronic diseases and for the mentally unfit, private rooms in conjunction with the wards for chronic cases, and wards for communicable diseases. Also it must be so ar-

ranged as to take care of future expansion should the need arise.

The fact that ample ground was available on which to spread out—some fifteen or twenty acres in all—helped considerably in fulfilling these requirements. The presence of much natural stone on the property, made easily available as a result of necessary excavations, also contributed greatly to the project.

Another helpful factor was the comparatively low cost of construction materials and labor at the time the building was erected. The plant and equipment were provided at a cost of \$220,000, which would have been impossible under conditions existing either before or after. This amount included \$9,000 expended in remodeling into a nurses' home a building that had been on the property more than twenty years. Thus the investment per bed was slightly under \$3,300.

There were many obvious advantages in having such a splendid tract of land with which to work. First, it was possible to place the hospital well back from the street with a sweeping driveway as an approach to the main entrance. It also permitted spreading the

By WILLIAM B. TUBBY  
and

WILLIAM B. TUBBY, Jr.  
Architects, New York City

building out, with low wings on either side, an ideal arrangement for handling contagion.

The hospital, as may be seen from the accompanying pictures, is composed of three units, main building, with tuberculosis wing to the left and communicable disease pavilion to the right. These two pavilions are connected to the main building by roofed passages.

The exterior is of red brick with white trim, columns and cornices. Exterior walls to the first level are constructed of stone taken from the excavations. The entire architectural scheme is worked out along extremely simple colonial lines. Chief interest centers in the grouping of the different units. The main building is three stories in height, while the two pavilions are one story.

Every advantage was taken of the favorable exposure to flood the building with light and air. This is probably the feature that strikes the visitor most forcibly. There are windows on all sides. Open terraces adjoin both the men's and women's wards in the tuberculosis pavilion. Here the patients may spend most of the day, weather permitting. Sun rooms for winter use also create the feeling of being out of doors.

The main door opens into a good sized lobby, attractively furnished with council tables on

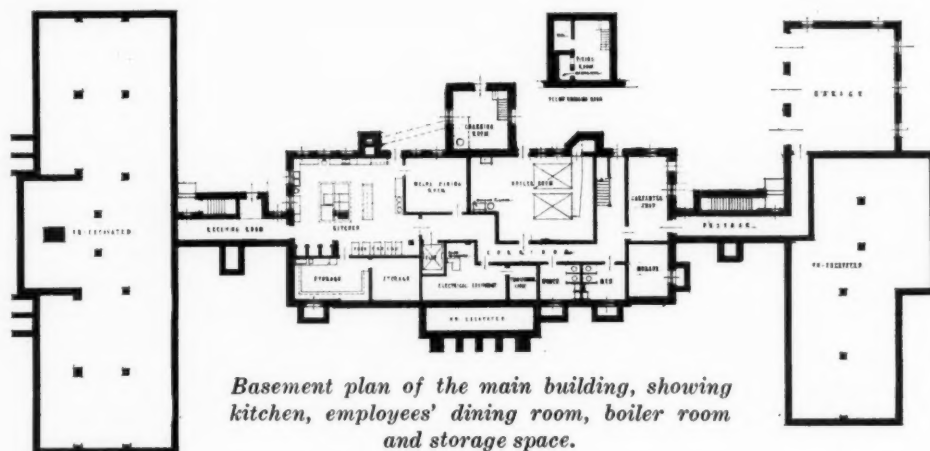
which are lamps that give forth a soft, warm glow. This entrance lobby, with an office adjoining, serves as a waiting room. It opens into the main corridor, which runs the width of the building, affording admittance to the tuberculosis pavilion on the one end and the contagious pavilion on the other. The first floor also includes two children's wards, which open directly on to a sun porch, an emergency operating room with floors, walls and ceilings finished in soft green, pharmacy, sewing room, nurses' dining room and doctors' room.

The tuberculosis pavilion, which is reached from the main floor corridor, is a one-story building with two eight-bed wards, one for men and the other for women, opening directly south on to wide terraces. Each ward has its own day room with an open fireplace, easy chairs and tables where patients who are able to be out of bed may eat their meals, play games or read. Also adjoining each ward is a large room equipped with flush steel dressing compartments and with bath and toilet facilities. A large utility room and a diet kitchen are provided.

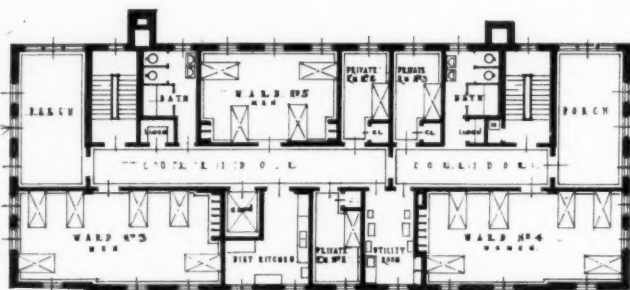
The contagious pavilion on the other end of the main building corresponds to the tuberculosis unit. In addition to two eight-bed wards, this pavilion has two private rooms. The wards are equipped with metal

*On the opposite page is the main building with the tuberculosis wing at the left and the communicable disease pavilion at the right. Below is the remodeled home for nurses, in its charming winter aspect.*

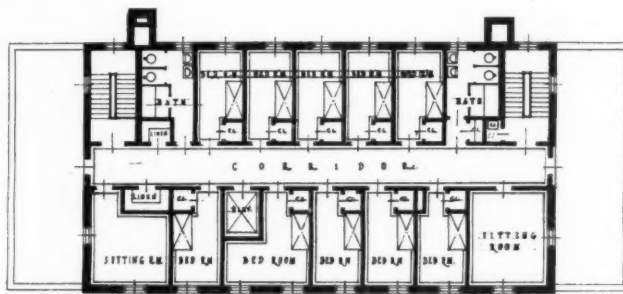




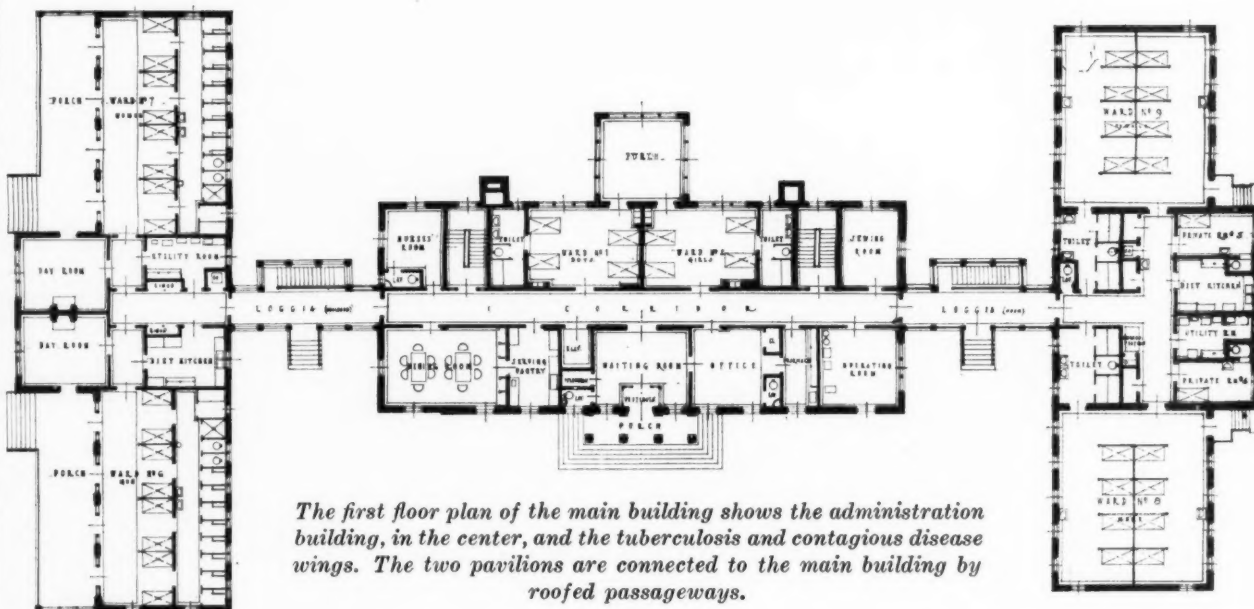
*Basement plan of the main building, showing kitchen, employees' dining room, boiler room and storage space.*



*Light and air flood each patient's room. On the second floor, the plan of which is shown at the left, are three large sunny wards for aged chronic patients.*



*The third floor, as will be seen from the plan at the right, houses the help. Two sitting rooms are provided for the communal use of employees.*



*The first floor plan of the main building shows the administration building, in the center, and the tuberculosis and contagious disease wings. The two pavilions are connected to the main building by roofed passageways.*

and glass cubicles. This building likewise has its utility room and diet kitchen, necessary bath and toilet facilities.

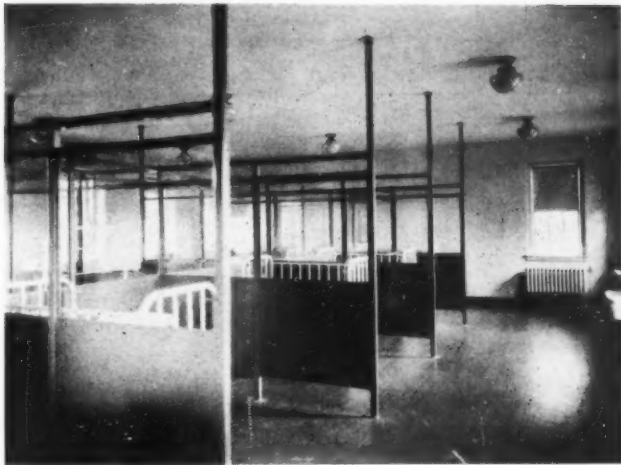
An electric elevator in the main building carries the visitor up to the second and third stories, likewise conspicuous for the great amount of light that floods each room. On the second story are three large, sunny wards for aged chronic patients. This floor also has three private rooms and the necessary diet and utility rooms. The third story, devoted to housing the help, contains bedrooms, sitting rooms, toilets, baths and a large cedar closet for storing blankets.

The drop in the grade to the rear of the building was a factor in the planning of the basement, where a well lighted kitchen is provided with the latest equipment. Food is carried in electrically heated food trucks to the diet kitchens in the two pavilions and in the main building and distributed from those points.

Besides the kitchen, the basement contains large storage rooms, a dining room for the help, boiler room, carpenter shop and equipment room. The charging room for the incinerator is in a separate extension. This room is wainscoted with enameled brick so that it can be thoroughly scrubbed down. The incinerator not only takes care of food refuse but has a special compartment for burning patients' sputum cups.

In that part of the basement under the tuberculosis pavilion a large extra storage room has been provided. Under the communicable disease pavilion is a three-car garage.

In addition to the new building program, interesting alterations involving approximately \$9,000 gave the hospital a practically new and exceedingly attractive nurses' home. It so happened that on the property stood a well constructed brick building, erected some twenty years ago, that had been used at one time as a tuberculosis pavilion. A large vestibule that had served originally as an entrance was removed, a smaller vestibule was provided, and the space thus saved was turned into a spacious



*The two eight-bed wards in the contagious pavilion are equipped with metal and glass cubicles.*

lobby which is used as a sitting room. Stairs lead from this lobby to the floor above. The old kitchen was made into a bedroom. Another improvement was the installation of a kitchenette on the second floor.

Trees were removed to admit plenty of sunlight. A new heating system was installed. The original wooden beam ceilings were furred down and plastered to make bright cheery rooms. Cement floors were covered with linoleum. Changing a few partitions here and there resulted in comfortable quarters for the superintendent and the nine nurses who form her staff.

To digress a bit from the architectural plan, it might be added that these nurses' rooms were effectively furnished at a cost of not more than \$85 each. Under the supervision of the superintendent, Miss M. J. Beamish, old furniture was renovated with a coat of paint. Chintz in gay colorful patterns was hung at the windows and numerous other homelike touches were added. The amount specified also included new beds with some mattresses reconditioned, and some new ones.

The large amount of ground around the building offers many possibilities for effective planting.

Already a step in this direction has been taken by erecting a substantial stone wall around the front, the native stone having been taken from the excavation on the premises by a crew of CWA workers.



*For \$9,000 a brick building, twenty years old, was transformed into nurses' quarters. It has accommodations for the superintendent and nine nurses.*

## What Others Are Doing

### *Letting Patients Sleep*

Patients at Park West Hospital, New York City, are not disturbed in the morning until they ring. This plan, adopted a few months ago, is working out much more satisfactorily than the staff had hoped it would, according to Bernard May, executive manager.

Prior to 1934, the night nurses wakened patients at 6 o'clock in order that they could be washed and have their teeth cleaned before the day nurses came on duty at 7 o'clock. Patients complained and wanted to know why it was not possible to let them sleep as late as they wished and then have their breakfast.

"We tried letting them sleep as late as they wished," Mr. May explains, "and found that the kitchen was in a turmoil trying to serve à la carte. We then selected certain cooks and designated them as special order cooks to attend to these special meals. Since we did that the plan has been working beautifully and both doctors and patients are heartily in favor of it.

"We have had double sets of shades put on each window, a light shade for soft light and an opaque green one for sleeping purposes. We also experimented with different colored walls but after a year's trial we now use a neutral putty shade all over the hospital and patients like it better than any other color."

To care for patients who waken at night and ask for food, oranges, lemons, tea, coffee, milk, eggs and crackers are sent to the diet kitchen on each floor at 7 p.m. This plan, of course, is entirely subject to the doctor's orders.

### *New Uses for Old Quarters at Small Cost*

Ingenuity in transforming existing accommodations to meet new demands is revealed in recent happenings on the ground floor of Children's Hospital, Buffalo, N. Y.

Practically every new project that has been started since the hospital's erection in 1908 has had its origin in a room conveniently located with an outside entrance. In 1910 it was the scene of out-patient activities. It was once a milk laboratory. Consequently, when the hospital was asked by the Buffalo Foundation to take over its child guidance clinic, there was no question as to

the logical place for the experiment.

One year passed before the addition of children's court cases and an increased number of workers made these quarters inadequate. The only other space available for child guidance activities, according to Mrs. Evangeline J. Nye, superintendent, was on the ground floor of the nurses' residence. An old study, game room and kitchenette were transformed by partitions and doorways into five offices opening

eyes gazing forlornly into space. Across the way are brilliantly colored sketches with flowers, animals and balloons all contributing to a festive atmosphere.

Particularly interesting is the unique manner in which lighting has been handled. The problem was to attain the effect of indirect lighting at moderate cost. The answer was the use of aluminum dish pans suspended by chains over the old fixtures. Mrs. Nye places the entire cost of the remodeling at about \$150. The personnel of the child guidance clinic and children's court includes a psychiatrist, a psychologist, two psychiatric social workers, three stenographers and sev-



*Buffalo Junior League members decorated the walls of this guidance clinic.*

on a corridor, plus a large and attractive playroom — all sunny rooms well above ground and facing south.

Talented members of the Junior League were called upon for help with the result that the walls were gayly painted with scenes dear to every child's heart. On one side a horse's head may be seen, its great languid

eral volunteers from the younger set.

Proof that changes go steadily forward in the Children's Hospital is evidenced by the fact that the old receiving ward is today headquarters for the Buffalo Emergency Nursery School and Teachers Training Center, supported by the CWA and using fifteen children from the child guidance clinic.

*Probably you can think of one or more practical ways to save time or increase efficiency. The Modern Hospital will welcome your ideas to put before other hospitals*

# Obtaining Efficiency From the Lay Staff

By S. T. MARTIN

Assistant Superintendent, Regina General Hospital, Regina, Sask.

THE superintendent is selected by the board of trustees to be its executive officer, to carry out its policies, and to interpret the demands of the services and the desires of the hospital personnel to the board, as well as to bring to the board the results in operation of the policies that it has set up. Since he is responsible to the board for the performance of personnel, he must have complete control of employment and dismissal, and of the manner in which employees carry out their respective duties.

The structure of a modern hospital is complex, and in order to correlate all the departments and services so that a smooth working machine results, it is necessary that the administration set up a plan of organization, and that the co-workers be wisely chosen. There are no minor positions in a hospital. All members of the lay staff must realize that taking care of the sick is a serious occupation, and their part, no matter how humble, is important to the whole. Inefficiency in one department must reflect on another, or be reflected in the quality of service given. The hospital is not in business as a

means of finding employment, nor as an outlet for merchandise, but the one commodity a hospital has to offer is service to the sick.

The successful executive in any line is one who has the qualities of choosing the right kind of subordinates; when they are selected, to organize and deputize them until a smooth working organization has been built up, and then by constant supervision to maintain it as such.

In smaller hospitals, the employment of all lay staff members should be handled by one person, the superintendent. In large hospitals the employment of the substaff is usually delegated to one of the assistants. A properly equipped personnel officer can select employees to better advantage to the hospital than can a number of departmental heads, and this is one of the principles in industry that can be adopted in hospital affairs. It is understood, of course, that an employee who is not acceptable to the department head is not forced upon that department. However, if the personnel officer has the proper qualifications for the position he occupies, together with a working and sympathetic

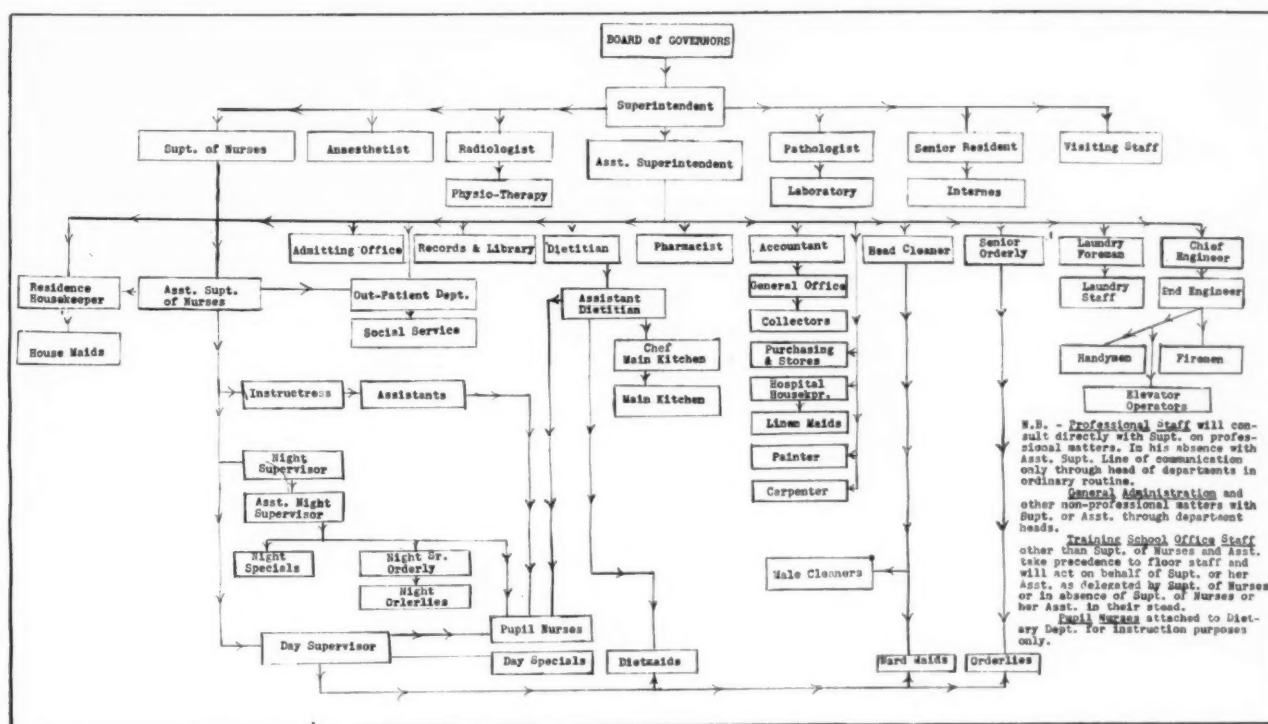


Fig. 1. The plan of organization that has been worked out for Regina General Hospital.

understanding of the problems of each department, such difficulties should not arise.

In 1929 a survey was made of the physical plant and the personnel of Regina General Hospital, and from this survey evolved the plan of organization shown in Fig. 1. This plan is used as a basis for this article. With the setting up of the plan, departments under competent heads were arranged. To provide for future staff appointments, it was decided that the employment of all substaff members should be centralized, this to be under the control of the assistant superintendent, together with the immediate supervision of the maintenance staffs, stores and purchasing.

For guidance and uniformity in the employment of staff, a manual was drawn up, setting out the requirements in personnel, the qualifications necessary for each member, the salary, increases, if any, sick leave and holiday allowance.

#### *How Employees Are Chosen*

At our hospital, when selecting staff members, we are careful to see that all persons employed are going to fit into our ways. If they do not, they are allowed to go at the end of a probation period of one week. We have many valuable employees who did not fit into the department in which they were first placed, but who, when transferred to another, made excellent employees. So it behooves the personnel officer to keep an eye on all new employees.

Likewise we are careful not to employ anyone who, by or through his or her connections, is to become a problem as regards discipline or in the matter of dismissal. One of the chief lessons we have learned about personnel employment is not to hire friends or relatives of staff members. This always makes for trouble. Our application form asks for this information.

We endeavor to place our lay personnel on the same basis as that of similar employees in the business world. We pay wages commensurate with the services rendered, give the staff all the privileges that a business concern in like employment would give, and in return, expect and demand the same kind of service that would be required of an employee in a commercial organization. For these reasons we have eliminated meals and laundry for all but our resident staff, except where it is to the advantage of the hospital to supply a meal rather than provide relief.

Hospitals have not given enough thought to this problem. The monetary value of the board and other perquisites given by a hospital is little appreciated, or at least is underestimated by most members of the staff. It would be advantageous to most hospitals to pay wages commensurate with

#### REGINA GENERAL HOSPITAL APPLICATION FOR POSITION

Name in Full.....	Date.....
Address.....	Telephone.....
Age.....	Birthplace.....
Married—Single—Widowed .....	
Salary Expected? .....	
In Case of Married Woman Is Husband Working?.....	
Where? .....	
Are Others Dependent on You for Support?.....	
How Many? .....	
Do You or Any of Your Immediate Family Owe the Hospital? .....	
Who? .....	
Have You Any Relatives Employed in the Hospital? .....	
If So Who? .....	
How Long Have You Lived in Regina?.....	
How Long at the Present Address?.....	
Are You Boarding, Living With Parents or Housekeeping? .....	
Have You Been Employed Here Before?.....	
In What Capacity? .....	
For What Department or Kind of Work Do You Apply? .....	
Has Physical Examination Been Carried Out?.....	
With What Results? .....	
When Were You Last Vaccinated?.....	
Did It Take? .....	
Give Particulars of Your Last Two Positions as Follows:	
Employer's Name.....	Address.....
How Long There.....	Reason for Leaving.....
Position Held .....	
Employer's Name.....	Address.....
How Long There.....	Reason for Leaving.....
Position Held .....	
Give Two References (Not Relatives)	
Name.....	Address.....
Name.....	Address.....
SIGNATURE.....	

Fig. 2. A standard application form must be filled out by all applicants for hospital positions.

the service rendered in competition with local business, and if bed and board are supplied, for convenience, it should be paid for by the recipient. This would eliminate a great deal of waste and make for a better respect of values and hospital property.

Printed lists of rules and regulations for all types of staff are posted in strategic positions, such as in the smoking rooms or dormitories.

The personal problems of our staff, either private or those dealing with their work, are given every consideration, and no opportunity is lost in bringing to their attention the fact that the administra-

Aug  
tion  
deal  
whe  
are  
So  
fore  
this  
ation  
pers  
All  
hour  
A  
pers  
stan  
allow  
ance  
writ  
part  
his j  
to w  
tact  
TH  
pend  
two  
allow  
sons  
the p  
unsk  
hosp  
payi  
W  
eithe  
who  
defec

Nam  
Emp  
Nat  
Rate  
Incr  
to a  
Sick  
mon  
Holi  
mon  
holic  
Em  
week  
part  
satisf  
necess  
It  
misse  
have

Fig. 3

tion is always ready to listen. If the problem deals with their work, it would be discussed only when the department head and others concerned are present.

So far as it is possible the eight-hour day is in force, but in some departments, such as the dietary, this is not possible. However, taking into consideration the hours off duty, it is arranged that no person puts in more than eight working hours. All staff members have twenty-four continuous hours off duty in each seven days.

Applications for positions are accepted only by personal application and the filling out of our standard application form. The personal interview allows the personnel officer to check up on appearance, manners and some physical defects. The written application gives a fund of knowledge, particularly as to the applicant's qualifications and his job turnover. We do not pay much attention to written references, but do check closely by contact with recent employers and friends.

The number of applications we have on file depends, of course, on local conditions. For the last two years we have been swamped, but this has allowed us to build up our organization with persons of fine type, of whom we are proud. Also, in the past few years we have been able to fill all our unskilled positions with persons indebted to the hospital, who are glad to have the opportunity of paying their accounts by working them out.

We are frequently approached by persons, either on their own behalf or on behalf of a friend, who because of an illness, operation or physical defect, cannot compete in the business world and

are seeking for a "light position." No matter how unimportant the position may seem, each employee has his duties to perform. In a hospital these duties are exacting and require the best in both physical and mental capabilities, so there can be few, if any, positions in a hospital for the physically unfit.

When a new employee has been selected, an employment card (Fig. 3) is made out in duplicate, setting out the terms of employment, salary, increases, holiday and sick leave allowances. The original, which is signed by both the applicant and the personnel officer, is sent to the business office as a pay roll record. The duplicate, which is signed by the personnel officer, is given to the employee. This leaves no room for future argument or misunderstanding on terms of employment.

#### *The Superintendent's Job*

All employees of our food departments are required to present medical certificates every six months that they are free from contagious or infectious diseases. Likewise, all staff members, by provincial enactment, must be vaccinated against smallpox.

With the setting up of a plan of organization such as ours, certain control and authority must be given to department heads. This phase must be closely supervised by the superintendent and his assistants, or else there will be a number of separate units, each operating as a world of its own. It is only by the daily making of rounds and by coming into frequent contact with the individual in his daily duties that a close understanding between employee and the administration can be reached, and the close cooperation so necessary between departments can be maintained. No matter how loyal or how well trained a staff has been gathered together, in order to function efficiently, it must have the continuous impetus of a constructive, broad-visioned administrative head who has a close understanding of the ramifications of the complex hospital structure both in regard to the interdepartmental problems and to the relationship of the hospital with the other phases of the community's social scheme. Only by this daily intimate contact with all departments can the administration be in possession of the facts of the institution's activities, both routine and extraordinary.

Every encouragement is given the staff to better themselves. We attempt as far as possible to fill all vacancies in our staff by promotion, and we are continually grooming an understudy for all our department heads.

For orderlies, our experience has taught us to pick up clean-cut, bright young men, without

Name .....
Employed by.....Dept.    Date.....
Nature of Work.....
Rate of Pay.....
Increased by .....every.....months
to a maximum of..... per .....
Sick leave of.....days a year allowed after.....
months of service.
Holiday leave with pay of——weeks allowed after.....
months of service in the previous year. (In the current holiday season.)
Employment may be terminated by either party by giving one week's notice, unless the applicant be discharged for failure on the part of the applicant to discharge the applicant's duties in a manner satisfactory to the Superintendent, in which case no notice shall be necessary.
It is understood and agreed if the applicant resigns or is dismissed for cause he will not be entitled to any holidays that may have accrued.
<b>REGINA GENERAL HOSPITAL</b>
Per.....

Fig. 3. This employment card is made out in duplicate and signed by both applicant and personnel officer.

previous experience, and train them ourselves. They are taken on the staff as juniors and for a six months' period answer lights, carry bed pans and perform similar duties. In the meantime, a set of lectures and practical instruction has been given by the senior intern staff and the senior orderly. Oral and written examinations with practical demonstrations are given, and when satisfactory progress is made the orderly gets a certificate and is classed as a senior, with increased pay.

We have a social club of which we are proud. All members of the lay staff become members, by virtue of their employment, and the annual dues are 50 cents. Frequent dances, card parties, sleighing parties, and in summer a soft ball league are some of their activities. When a staff member is ill, he is visited, and flowers, candies or smokes are sent by the club. This is one of our best agencies for creating good will and a family spirit in our organization. It is democratic, and the board

of governors, the medical superintendent and the superintendent of nurses are frequent visitors at club functions.

A suggestion box is located beside the time clock, in which all members of the staff are invited to place suggestions regarding improvement in service to patients, ways of making the hospital a better place in which to work, economies and the like. Many excellent suggestions have been received. A day's holiday is given for the best acceptable suggestion each month.

At Christmas, the board of governors and the ladies' auxiliary are hosts to the staff and their families. A gift is made to every member of the staff by the board, while the ladies' auxiliary takes care of the entertainment and the gifts to the children. A personal letter to each department head from the superintendent at Christmas will do much to sustain the continued interest and loyal cooperation which are necessary in department heads.

## A Bit of Hospital History

*Twenty years ago this month:*

The death of Dr. Rupert Norton, assistant superintendent of Johns Hopkins Hospital, was reported in the August, 1914, issue of *THE MODERN HOSPITAL*. His death "deprived the growing medical specialty of hospital administration of the services of one who had received an unusual training for his chosen work," declared Dr. Henry M. Hurd.

The Salem Hospital, Salem, Mass., suffered greatly in a \$5,000,000 fire that swept the city.

Dr. Michael M. Davis, director of the Boston Dispensary, declared that no form of organized medical work has in recent years grown so rapidly and none in such haphazard and unstandardized ways as dispensary work and yet probably no other form is capable, under right development, of rendering larger benefit to public health.

Dr. C. Irving Fisher retired after twenty-three years' continuous service as superintendent of Presbyterian Hospital, New York City.

Dr. Joseph B. Howland was assistant administrator of Massachusetts General Hospital, Boston.

Dr. A. R. Warner was superintendent of Lakeside Hospital, Cleveland.

Kentucky and Mississippi brought to thirty-nine the number of states requiring the registration of trained nurses.

James U. Norris resigned as superintendent and assistant manager of the Rockefeller Institute for Medical Research in New York City to become superintendent of the New York Polyclinic Medical School and Hospital.

Henry Ford took over the partly completed Detroit General Hospital and announced that he hoped to make the institution a leader in the study and treatment of cancer.

Dr. Joseph C. Doane left the Shamokin State Hospital, Shamokin, Pa., to become chief resident physician of the Philadelphia General Hospital.

Arrangements were announced whereby high school girls in Cincinnati were to be given nursing training as part of the domestic science course. This training was to be given

by nurse instructors at the Cincinnati General Hospital.

Figures were compiled by the Child Federation of Philadelphia indicating that more than 1,500 babies died in that city in the summer of 1913 because their parents were too poor to obtain medical advice.

A meeting of prominent Japanese was held in Tokio to organize a council for the extension of St. Luke's American Episcopal Hospital under the direction of Dr. R. B. Teusler, as a monument of friendship between the two countries.



*Pillow ticking matched the uniform twenty years ago.*

# A Tramp Abroad— in the Hospital Field

## Part IV—Germany

By A. G. STEPHENSON

Stephenson & Meldrum, Architects, Melbourne, Australia

THE baths and the sunbathing cult—yes, and the nude cult too—help to make Germany today one of the most interesting countries in Europe. These and their beer gardens and band concerts, their great passion for music and learning, their political complexities and perplexities, all form an integral part of this serious minded, energetic, self-centered people.

It is as well for us to absorb some of that atmosphere before we turn to study their great Allgemeine Fortschrankskasse, which is an enormous building housing the departments of the National Insurance Scheme against invalidity and sickness. This new building was one of those to which the French pointed as an indication to the world of how Germany was today spending the money that should have been paid her in reparations. I started to take a photograph of the great registration hall when an attendant immediately stopped the procedure. It appears that they had allowed a photographer to take photos of the building some months before, only to find that the photos were used as propaganda against Germany. Some of them were published in French newspapers as an indication of the misdirection of capital funds.

### *Baths Regarded as Important in Treatment*

The story of this great institution is simply told, for it is the central office of Frankfurt and the district for the National Insurance Scheme; it is here that doubtful patients are referred by the outside insurance doctors. It supplies free treatment for all ambulatory cases requiring any sort of hydrotherapy prescribed by these doctors.



*Sisters' chapel and quarters, St. Antonious Hospital, Berlin.*

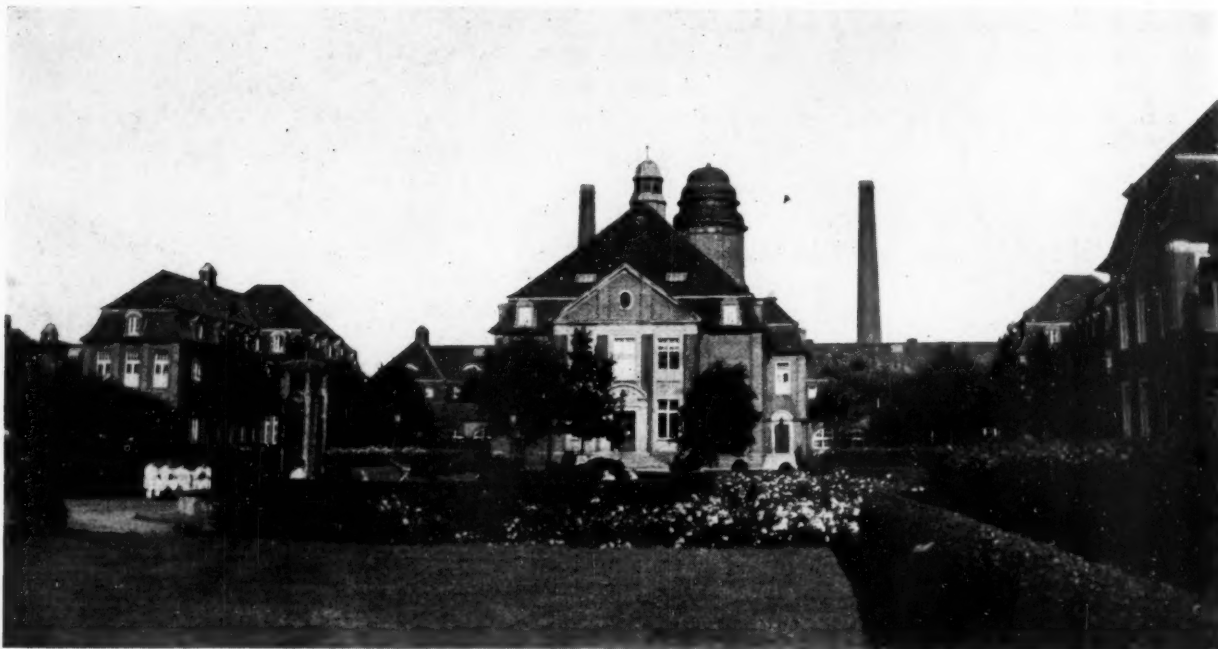
The hydrotherapy department is remarkably well planned and organized. The average daily attendance for the month I visited there was 200 in this department alone. All forms of oxygen baths are given and any one of a dozen different immersion baths may be prescribed. There are also douche rooms, extensive massage and rest rooms, electric baths for limbs, the usual hot cabinets, and—what is apparently greatly in demand—vapor baths and Turkish baths.

Both men and women make use of these bath-rooms. They come on alternate days, more than one hundred patients being treated in this section every day of the year.

At his station, by means of the temperature recording instrument boards, the attendant can regulate and check the temperature in each of the rooms in the department. Hot air rooms and every section of this enormous department are under observation. It impressed me as an extremely well arranged department and one in which German

physicians place a lot of confidence. It does not seem to be just a fad but more and more is it regarded as indispensable for the treatment of certain disorders. A qualified doctor is in charge.

tients were waiting their turn the day I was there. The times of appointments are intentionally overlapped for, even in Germany, there are people who possess the reputation of being unpunctual!



*Bambeck Hospital, Hamburg, showing lecture hall, church, water tower and boiler house chimney.*

In this building, the Insurance Department houses its dental clinic with its eight surgeries and two special operating rooms, besides special rooms for fitting artificial teeth. Those in charge contend that it is better to treat the patients in separate cubicles rather than in one big hall as is often the case in this country. They believe that their dental units are equal to those of American manufacture but regard some of the special supplies they purchase from one American company as superior to anything in the world. This information was volunteered by the director of the clinic who had not been to America but had a great admiration for the mechanical work done here. His work rooms were extensive and it was interesting to see that all the motors required for these rooms were on rails high up over the work benches.

#### *Procedure Is Simple and Orderly*

This department has its own x-ray service and special rest rooms. The waiting rooms are interesting. Each surgery has a long narrow table with its corresponding number. Patients wait at these tables in comfortable tubular steel chairs and are called in order by a light signal showing when the particular surgery to which they are allotted is vacant.

The procedure for admittance and attendance in all German clinics is simple and orderly and there is an entire lack of confusion. Thirty-seven pa-

The Insurance Department does not prescribe or carry out treatment except in the two instances noted above but, owing to the nature of the institution, it is necessary to have a diagnostic department to which patients may be referred from the outside insurance doctors when further opinion is required. There are, therefore, four doctors in constant attendance and these form a highly efficient board organized for diagnostic work only. This department has its own x-ray apparatus for photographic and diagnostic work only.

#### *Automatic Devices Replace Attendants*

The plan of this busy department includes doctor's room, changing cubicles and waiting room in a series. At each doctor's table is a neat little control block with an electric contact switch. This calls the next patient from the waiting room into the changing cubicle that is available. When the patient enters the cubicle and shuts the door, a light shows in the doctor's room indicating that the cubicle is occupied. When the doctor is ready for his next patient he liberates the electric lock and the door of whichever cubicle is occupied may be opened. There is also a direct form of communication with the other rooms and a dispatch box for records and inquirers on the corridor wall.

On first sight the arrangement seemed far-fetched, but they assert that it has eliminated the necessity for at least three attendants. When I

was there, there was only one nurse in attendance on all four rooms and no suggestion of confusion. The patients are drafted from the main waiting department where there is only one clerk in attendance to the various rooms as they become vacant. There are, I think, two special rooms for consultations in the department, where conferences are held and complicated cases discussed.

This little survey of the German national insurance scheme may be sketchily presented, but I had to refer to it in passing, for no account of hospital procedures on the Continent would be complete without it.

In all countries where there is a national insurance policy, many complications are eliminated so far as investigation about the patient's home condition, ability to pay and family history is concerned. The charges for hospitalization are paid automatically by the insurance department, and the nursing organizations, which perform the work of the follow-up clinics, are remarkably efficient and successful in the general surveillance of the patient after he has been discharged.

#### *Lifts Run Continuously*

My own impression of the Allgemeine Forts-krankenkasse building was that it is expensively constructed, beautifully designed, equipped and

each department, and the patient cannot fail to find his way without further direction. Then, there are no lift attendants. The lifts run continuously and are of the paternoster type with open fronts—one just steps into the cab as it slowly passes the floor and then steps out on whatever level is desired. These run necessarily very slowly but are quite fast enough for buildings of only five or six stories in height. There are, of course, automatic lifts for the staff.

#### *In Ancient Nürnberg*

Everywhere one gains a definite impression that effort is used to reduce running costs. It is pleasing to note that ostentation, liveried attendants and uniformed hall porters are unknown in this hospital world of the Continent.

It is not a long journey from Frankfurt to Nürnberg but it is worth almost any inconvenience to come to this Old World city, long since grown out beyond its ramparts and walls of medieval times. In Nürnberg one sees old fortresses, moats, ancient granaries where there are as many as five stories under the steeply sloping roofs, famous statuary and works of art, frescoed wall surfaces of the age-old inner city, market squares, noble churches and winding narrow streets.

I wondered how its sick were cared for, espe-



*Main hall of the Krankenkasse for the National Insurance Scheme, Frankfurt.*

finished, and in many ways, very economically run. For instance, there are no attendants at the doors. There are large plans on a well lighted plate glass screen in the entrance lobby indicating clearly

cially after seeing a hundred thousand ardent partisans of Hitler, the social Democrats, Communists and other antagonistic political parties tramp through the streets of the outer city, line



*Picturesque water tower of Eppendorf Hospital, Hamburg.*

upon line, battalion upon battalion, men and women. They marched in perfect unison with bands and banners. By different routes, they tramped to a central demonstration ground far out of the city precincts. There, large bodies of police were waiting with ambulances and machine guns quickly to quell any disturbance that might develop.

The dogged expression on those thousands of faces; the tramp, tramp, tramp of those thousands of feet; the steady marching rhythm so ingrained in the German blood, make one wonder what it is next that we must face. Yes, I wondered if there were any hospitals needed at all for the poor of this city, for the very next morning, political strife was forgotten in the enjoyment of a great annual festival to commemorate the introduction of the bicycle. As a preliminary to an afternoon of bicycle and track racing, there were sports and dancing in the area in which the day before politi-

cal antagonists had been crowded.

In Nürnberg, the hospitals are similar in many respects to those already described. Again I noticed the extreme care taken in the nursing of children. The Stadt Frauenklinik has just recently been completed and, beyond details in design and equipment, does not differ much from any other modern maternity hospital except that, in this part of Germany, great stress is laid on the baptism of the children, and in the beautiful little hospital chapel provision is made on softly padded leather benches for the placing of twenty-five or thirty babies for baptizing at the one time.

In all the hospitals of Nürnberg (and in some other cities I have noted it too) the boilers are not attended by night. The fires are banked and if sufficient steam is not obtainable for night use—in case of extensive use of the operating rooms—one instrument and one utensil sterilizer may be switched on to electric power. The combination steam and electric sterilizers are a direct outcome of the tireless effort to save man power.

There is here, also, an interesting departure in that there is a special babies' home attached to the Frauenklinik for healthy babies only. Mothers who may be obliged for some reason to leave their babies may do so, and infants whose mothers die are kept here until some provision is made

for them by their relatives. It is a wonderful home and demonstrates in its beautifully decorated wards and nurseries all the genius these people have for expressing their love of little children.

The cots are separated, four to a cubicle. Each baby has his own equipment in a little metal box at the foot of its cot. Each cubicle has a separate little wash room, disconnected from the cubicle by a small lobby which, in turn, gives access to the wide cantilever balconies. Every opportunity is taken for wheeling the babies out into the sun. Rows and rows of them lie there under bright sunshades, which can be adjusted on the wrought iron framework provided.

In each of the large cities of Germany there are church hospitals in addition to the municipal and state hospitals. In Nürnberg is a particularly fine one in St. Theresien Krankenhaus. It is a high grade private institution and started as a small general hospital of 150 beds, having of that num-

*Right: St. George Hospital, Hamburg, showing the main street inside the entrance gate.*



ber ten maternity beds. Now this department has grown so enormously that the whole top story has had to be altered to accommodate the extra patients. The rates of charges for this sumptuous hospital are: 12 marks a day, first class, or normally about \$3.30;

8.50 marks a day, second class, or \$2.20, and 5.50 marks a day, third class, or \$1.75.

The only extra charges a patient must pay are for special drugs outside the hospital routine and for his private physician. Suites of rooms for some of the patients are sumptuous in the extreme without a suggestion of the hotel aspect.

The nurseries in all the maternity sections of the private hospitals I visited on the Continent, and that was a great many, leave the babies in their mothers' rooms for most of the day. I often wondered what it was that seemed to make them so far removed from ordinary hospital wards and I came to the conclusion that it was the babies' cots. Most of these are open wicker cradles on long spindle legs and light wooden wheels. The cradle is lined with a kind of muslin in soft colors,

according to the mother's fancy, and is covered over with the same material. It is most interesting how the severity of these rooms is entirely taken away by the presence of these little wooden cradles.

The hospitals of the Roman Catholic Sisterhood are extremely well run and win the affection and admiration of patients and visitors alike by the unselfish understanding and sympathetic service of the Sisters and their nurses.

Before leaving this ancient city, it was interesting to note that the municipality had recently built a 100-bed hospital where those infected with tuberculosis are sent in the early stages of the disease. These cases are detected chiefly by the insurance doctors and the schools. Financing the family of a father removed to such a hospital is taken care of by insurance and by charitable organizations.



*Entrance gate to the Frauenklinik, Stettin, Pomerania, Prussia.*

# How We Teach Mental Nursing at the U

**D**R. GLENN FRANK wondered, as he watched half a hundred young nurses receive recognition of their successful completion of three years of rigorous training, "how many persons in the audience realized the incomparably important, rich and satisfying life that lay before such of the young women as might fully rise to the challenge of the nursing profession." Doctor Frank's remarks are pertinent here.

In these strenuous days of minute specialization, it is no easy matter for the average young woman to find a task that is at once important and richly satisfying, an avenue of self-expression, as well as a means of self-support.

The work of the trained nurse seems to me to fit the four requirements of an ideal task. It has difficulty enough in it to give one a sense of adventure while doing it, and a sense of mastery when it is done. It has variety and routine, mixed in the right proportions. It gives one a sense of creating something that can be claimed as a personal accomplishment.

It means congenial associates. The trained nurse comes in contact with humanity when it is face to face with the age-old problem of pain. And since men may be made or broken by the way they face pain, this means that the trained nurse ministers to humanity in some of its most critical and creative hours. The trained nurse may do much to foster the finest in the art of medicine in a time when the science of medicine threatens to overshadow the art of medicine. The old family physician, who was often physician and nurse in one, knew the art of medicine even when he knew too little of the science of medicine. The nurse may help to restore the somewhat disturbed balance between the art and science of medicine.

The trained nurse can supplement the doctor's ministry to the patient's body with a more subtle ministry to the patient's mind. In her more intimate relation to the patient, the nurse is in a particularly favorable position to recognize the too often overlooked fact that the mind hath a medicine chest upon which the orthodox as well as the unorthodox practitioner of the healing art does well to draw.

If the trained nurse sees and seizes these alluring opportunities for a service that gives her the fullest self-expression, and if she can continue to cultivate a light spirit in the midst of her ministry to spirits that are burdened, she may congratulate herself on her choice of a profession.

It seems to me that the nursing of mental patients is even "more richly satisfying" than any other type of nursing. It offers a greater challenge and requires women of the finest character and education. In addition, the power of adaptation and an abundance of tact and common sense are necessary. In a measure, as the individual is well integrated, the broader her life experience is, the

By MARGARET ROBINA SMITH, R.N.

Instructor, Psychiatric Nursing,  
University of Colorado School of Nursing, Denver

richer she is in social accomplishments, in intellectual and practical attainments, and the deeper spiritual understanding she has. So she can be successful because she can vicariously put herself in her patient's place.

Early in the student's training she should learn the gratification of manual work well done. She should have enough experience in caring for the ward to realize the time required to do such things well; to have respect for the dignity of labor and to feel with Ben-Hur that "past question, every experience is serviceable to us." Later in life this training may be most helpful, as she will meet all types of patients — particularly in mental nursing.

## *Tie Up Mental Hygiene With Child Study*

More and more it is becoming a recognized fact that mental illnesses are preventable and that we can "minister unto a mind diseased"; and that a student nurse needs training in mental nursing, mental hygiene and child guidance, as well as in any of the other specialties. Only those who have had such training know how important it is and how it has helped them in solving their problems and in making better adjustments to life. If a nurse is ill at ease and insecure she cannot make her patients comfortable.

At the University of Colorado School of Nursing we try to help our students solve their conflicts by giving them their mental hygiene and child guidance instruction with their pediatrics before they have their course in psychiatric nursing. With affiliating and graduate students this has not been possible, so the mental hygiene and child guidance course is given early in the psychiatric course.

This course is given by the director of social service, a woman who, both by training and personality, is outstandingly fitted for this work. In it the importance of the parent-child relationship

# University of Colorado

and LOUISE KIENINGER, R.N.

Director, School of Nursing,  
University of Colorado

in the normal development of the child is stressed.

The students are shown how emotional difficulties arise if the child from his earliest days does not receive adequate security because he is loved and wanted; how the emotional difficulties of the parents react on the child; how the parents may be satisfying their desires by planning the lives of their children; how these plans may hamper and interfere with the child's growth, causing temper tantrums, enuresis, lack of heterosexual adjustment, proper emancipation from home, and all sorts of behavior problems. Case studies of a number of problem children are discussed. The skillful director trains the students to pick out, step by step, the causes of parents' maladjustment and the ways in which this maladjustment causes behavior disorders in the child. Cases are presented, and the means used to obtain successful adjustment are given.

## *The First Day in Psychiatric Nursing*

In this course the student gains an insight into the conflicts that may later in life prove a basis for mental illness. She understands her own reactions and behavior in terms of emotional adjustment and security.

With this background the student is prepared to understand the problems of the mental patient and many of the predisposing factors that would, without this knowledge, pass unnoticed.

Without this course, the student comes to the psychopathic hospital with little or no understanding of the difficulties arising through home situations and lack of emancipation. Even with this preliminary preparation some of the students have tremendous difficulty in adjusting to the actual problems of the psychiatric wards, and need constant reassurance and encouragement.

On their first day on duty, the students are addressed by the director of the school and the

Attempt is made to teach the students: (1) a growing toleration for the feelings and aspirations of others; (2) an understanding of their own difficulties; (3) a philosophy of life that will give them security, self-respect and strength of purpose, and (4) an appreciation of the fact that for them life neither begins nor ends at forty

instructor. The fact that all nursing includes mental nursing is stressed, and some of the different aspects of nursing in a mental hospital are pointed out. "It is obvious that there can be no standard procedure for the psychiatric nurse. No set formula can be followed in meeting psychotic symptoms. The ability to adapt oneself to the individual problem, to cope successfully with the various types of mental illness in the close relationship of the nurse and patient" comes only through experience and instruction in a mental hospital. It is explained that medical and surgical procedures do not occur as frequently here as they do in a general hospital, but that the nurse is doing just as important a piece of nursing if she can keep her patient occupied and his mind directed toward normal channels, as she is when scrubbing for a major operation. Even then many of the students are embarrassed when the supervisor makes her rounds and finds them playing cards with the patients.

## *Getting Acquainted With the Wards*

The organization of the hospital is explained to the student: How the second floor is given over entirely to men; that the disturbed ward is South II, the convalescent ward is East II, that West II is an open ward, and that the patients on West II are allowed to go and come about the grounds at will, if they obey certain regulations as to being in at meal time, and so forth; that East II and West II are connected by a corridor, and that the door between may be left open, allowing the patients on both wards to mingle and visit together; that the same arrangement exists on the third floor, which is given over to women patients. There is a supervisor in charge of each floor with two charge nurses under her.

The importance of checking all dangerous devices, such as silverware, occupational therapy

tools, nail files, scissors and razors, is emphasized.

In their introduction to the service the students are shown through the hospital and assigned to their respective services. The supervisor and charge nurses explain routine of wards, where medications, sterile supplies, sterile trays and other equipment are kept. The importance of watching to prevent suicide, and the suicide list is explained; also, the use of the doctor's order book, the method of checking orders, special privileges for patients, and the need of written orders before granting any of these privileges.

The importance of being sure of the correct method for even the simplest routine procedures is emphasized. For example, a nurse who has taken temperatures in a general hospital for two years would, from force of habit, start out on a disturbed ward with her thermometer tray. It could not occur to her that the moment she left the treatment room some capricious patient might knock the tray and its entire contents out of her hands.

A few such examples are given so the new student will become conscious that she must question every procedure in order that no danger may result either for herself or the patient. She must be made to feel that her supervisors and head nurses will not think her stupid when she asks questions, but that it is her right to go to them with any question, however trivial it may seem to her. She must also be made to realize the importance of conferring with the doctors about actions and remarks of the patients which, though seemingly of no consequence, may be the key to solving some difficult problem.

#### *Morning Circle Meets*

As everything is new and strange to the students when they come to the psychopathic hospital, and as lectures and classes continue throughout their course, many facts that should be presented at the beginning of their course are brought out at morning circle, which is planned and conducted by supervisors. A definite teaching schedule is arranged and every ward in the hospital carries out the same program.

Students always have difficulty with terminology and symptoms. Therefore, every Monday morning symptoms are discussed and examples given, particular emphasis being placed on symptoms of the psychoses they are studying in that week. Tuesday, Wednesday and Thursday are devoted to review of ward routine, and later, when these things are familiar, special reports on new drugs, special treatments such as spinal drainage and air injections, interesting articles from current magazines,

and case studies are given. Friday morning, after medical staff rounds have been made on all floors, patients' histories are discussed. On Saturday a short written examination is given by the charge nurses covering points stressed during the week.

Each student, in her supplemental course, is required to write two complete case studies, one functional and one organic. In addition, an effort is made to have the student hear and discuss a case study on each of the reaction types covered in her lectures.

In the first three or four weeks the theoretical work is intensive. Seven hours of review of the nursing procedures used frequently in the mental hospital are given by the instructor. The importance of the patient's impression on admission is emphasized; also, how much the nurse can do to allay his fears by explaining — if the patient can understand — the ward routine, the care of clothes and valuables, when he may have visitors, and why it is necessary for him to have a complete physical examination. This may be accomplished during his admission and while he is getting ready for his examination.

#### *Students Learn Games and Crafts*

The procedures for phlebotomy, spinal puncture, sedative pack, tube feeding and air injection are reviewed; also, the purpose of the procedures, possible dangers and the precautions that should be taken.

Five hours' instruction in recreational therapy is given in the early part of the student's course so that if she has had no previous training and experience she may know something of individual and group activity. The lectures include lists of helpful simple indoor and outdoor games to suit individual needs. The importance of selecting her groups so that the quicker, more active patients will not be hampered by the slower ones is stressed. Much time is thus saved as the student doesn't realize, without several failures in trial and error method, why her group is not getting more out of the games.

Twelve hours of occupational therapy include instruction in hemstitching, weaving, knitting, crocheting, pottery making and some problems suitable to men patients, such as making string belts, woodwork, painting and metal work.

The fifteen hours in psychiatry, given by a psychiatrist, include the historical background and main reaction types with demonstration of patients showing these. This is followed by thirty-five hours of psychiatric nursing, given by the supervisors, who review lectures, stress nursing care and study patients on the ward who show psycho-

ses. In addition to formal class instruction the supervisor and the instructor have many individual conferences with students. In these conferences problems that have not been satisfactorily solved are pointed out; help is given with individual difficulties, and an effort is made to stimulate the student to greater effort.

At first, some of the graduate students who are taking the supplemental course are a little resentful about the review of procedures and the close supervision, but they soon appreciate the effort to make the course more profitable to them by strengthening their weaknesses, and so come to realize that this period is the opportune time to correct faulty habits.

The case study method of assignment is followed. The supervisors see to it that each student has experience in caring for different types of patients.

Each week the medical director has staff rounds for the doctors, at which meeting all the new patients are discussed and interviewed, and tentative diagnoses are made. The nurses are present at ward rounds as often as possible. The doctor's discussion of a patient's symptoms stimulates interest and gives a better insight into the patient's difficulties.

#### *Try to Synchronize Lectures and Cases*

Forty-eight hours of clinical experience is given weekly. This includes the time required for all theoretical work. Every effort is made to help the students understand their patients by assigning to them patients with psychoses on which they are having their lectures, and by individual conferences in which special nursing problems are discussed.

The students take part in the games, parties and all recreational plans for the patients. They also are responsible for assisting with all treatments and preparing all sterile trays. At some time during their course they have experience under supervision in every activity of the ward.

The supplemental course covers three months and is repeated every quarter for affiliates and the students of our own school. The graduate students enter in the fall and spring quarters. As a rule they have had no psychiatric training in their student course, and therefore take the work just described to supplement their student experience.

The graduate course requires an additional six months. In this time the student has ten more hours of psychiatry, which is given by a psychiatrist. This course is chiefly discussion and recitation covering a review of the main reaction types. It gives the students an opportunity to gain a better

understanding of mental illness and to clear up some of their questions about the various reaction types. Ten hours of psychology is given by a psychologist. This is designed to fit the educational background of the group and a study is made of psychologic problems confronting the student.

There is a continuation of the work in recreational therapy given in the supplemental course, in which the student plans individual projects under supervision.

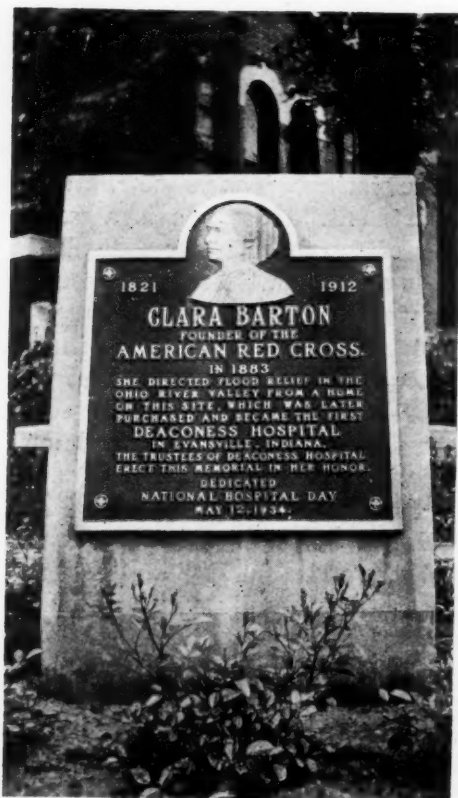
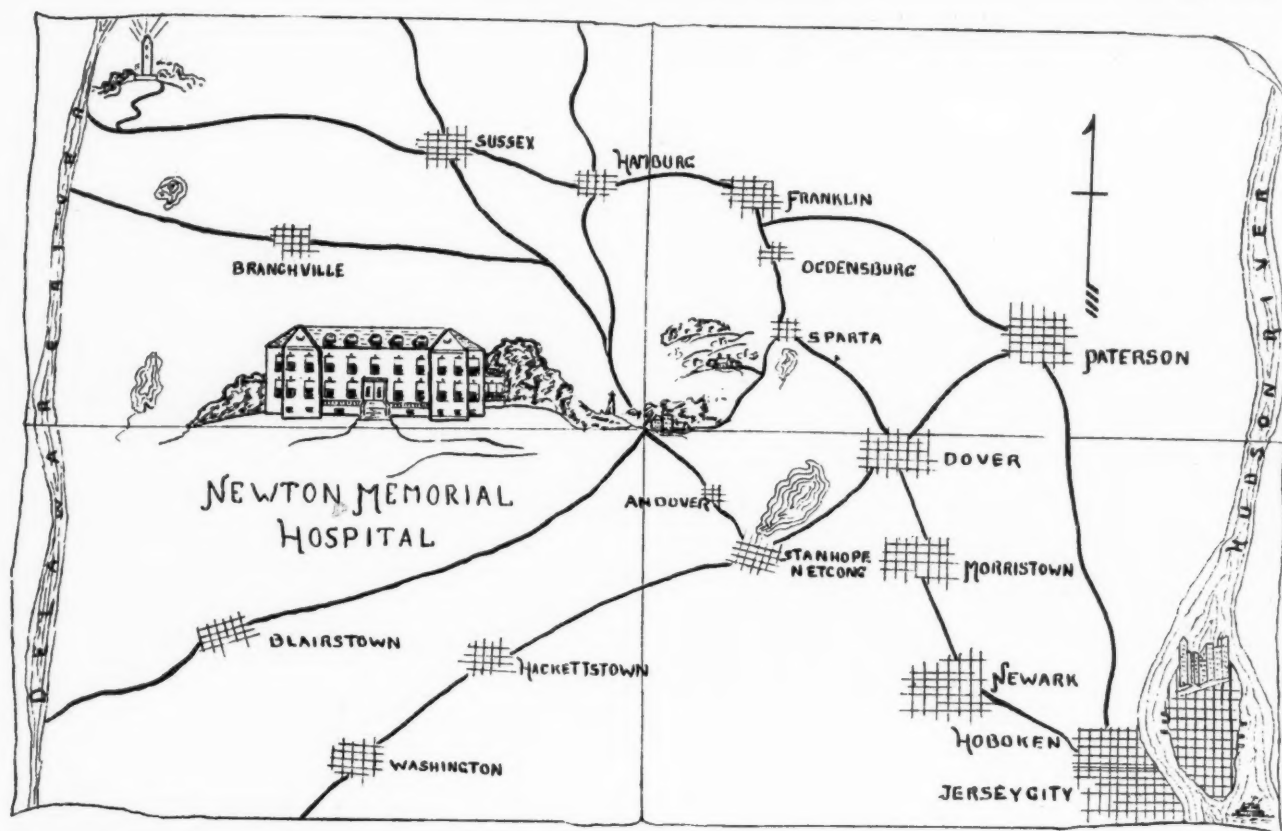
The psychiatric nursing is continued, not in formal classwork, but rather through individual conferences with the instructors. In this the student is expected to work out special projects in caring for patients with various psychoses, and to compile a bibliography of books and special articles.

#### *Some Out-Patient Experience*

Each graduate student is assigned to the out-patient department for twenty-two hours of follow-up treatment of paresis. This gives her an opportunity to follow her patients after they have been discharged from the hospital. She also has an opportunity to see patients from the out-patient department illustrating behavior problems of children and adults showing functional psychoses.

Thirty hours' additional work is given in the occupational therapy department. This includes the planning for work on the wards, individual instruction in weaving, sewing, the use of color and problems that might be useful in individual cases.

Three months' experience is required in the social service department. This time is arranged with the director of social service so that all the graduate students are not in this department at one time. Their work is planned so they are free for classes. Instruction and supervision in the technique of history taking are an important part of the course. Social investigation and social treatment are emphasized, and a working knowledge of the functions of various social agencies and resources of the community is given. There is individual and group discussion in the analysis of the emotional mechanism underlying the social problems of the patient, family and community. This course successfully connects the hospital and its patients with the community. It gives the student a better picture of the problem the patient faces before he comes to the hospital and when he leaves, so that she sees him as an individual and not merely as just another case. It helps her to gain poise and to see the problems of life in their proper relationships, so that she does not make mountains out of molehills. A total of 720 hours of clinical experience is included in the graduate course, including the hours spent in theoretical work.



## NATIONAL HOSPITAL DAY

*More Photos from More Celebrations*





*Mary Immaculate Hospital, Jamaica, Long Island, N. Y., celebrated wholeheartedly on Sunday, May 13. Among the numerous events was a program of scientific lectures and demonstrations, and on this page are shown two photos of the demonstrations in special diets and dental prophylaxis. . . . Below is only half of the group of mothers and babies who appeared at Copley Hospital, Aurora, Ill., to take part in hospital day festivities.*

*All roads lead to Newton, N. J., the Sussex county seat, in the mimeographed map shown on the opposite page. Newton Memorial Hospital enclosed the map with invitations to its hospital day celebration. . . . The elaborate observance of the day at Evansville, Ind., centered around the dedication of the Clara Barton Memorial by Deaconess Hospital. Miss Barton's headquarters during the great Ohio Valley flood of 1884 was in the house that later became the first Deaconess Hospital building. . . . A group of happy mothers and babies who attended the anniversary party in the gardens of Glen Falls Hospital, Glen Falls, N. Y., appears at the bottom of the opposite page.*



## Someone Has Asked—

### *Is It Safe for the Hospital to Make Its Novocaine Solution?*

Because novocaine is a safe and efficient local anesthetic, it is widely used in operating rooms, wards and dispensaries.

In some institutions this drug in from 1 to 5 per cent concentration is purchased in ampules of two cubic centimeters. These retail for from \$5 to \$6 a hundred. Novocaine itself costs approximately \$21 to \$25 a pound or about 4½ cents a gram. Hence 100 c.c. of a 1 per cent solution, if made up by the hospital, would cost about 5 cents while if purchased in ampule form it would cost about \$2.50.

When only small amounts are required at a time, the ampule method has a great advantage over any other way of dispensing this solution. But if flasks varying from 25 to 100 c.c. in capacity are available, the hospital can economically and safely make and sterilize the novocaine solution used in the surgical department.

### *Should the Physiotherapy Department Show a Profit?*

The medical staff of an institution has requested the establishment of a physiotherapy department and the superintendent asks the foregoing question.

A recent survey of a number of institutional physiotherapy departments reveals that many of them are being conducted at a financial loss. While they may be performing a great volume of work, they have not become sufficiently popular with staff and community to make income meet expenses.

Directed by a strong and well trained physician who because of his personality and knowledge is able to interest the staff in the possibilities of his department, this activity is capable of adding materially to the hospital's income. Such a department should be able to compete with commercial establishments in an ethical way and if the community can be brought to patronize the services the department has to offer it is likely to be more than successful financially. The arthritic, metabolic, surgical and medical departments should find much use for modern physiotherapy.

In establishing such a department,

it is advisable to make only a minimum outlay for apparatus, adding to the equipment as the income increases. It is of prime importance that a well trained physician should head this department. Every well equipped hospital should offer service of this kind even though it cannot always show a financial profit.

### *Should Rebates Be Made at the Request of the Visiting Staff?*

A general practice of requesting a reduction in rates for rooms and special laboratory service has crept into the hospital whose superintendent asks this question. The inquirer also requests suggestions as to how such rebates should be made, provided an affirmative answer is given.

Rebates from set prices for services and supplies seem to be the order of the day. No one apparently expects to pay the full price for anything. In most institutions some person performs to a greater or lesser degree the work usually assigned to a credit officer. It is the duty of this person to decide whether rebates shall be granted and to set the charge that seems most fair to patient and hospital. To be sure, chaos would reign if it were the exception and not the rule to adhere to established rates. But the hospital must compete with private specialists from whom concessions in charges are constantly being asked. This practice has spread to the hospital.

Many physicians prefer to send their patients elsewhere rather than to encounter, as they term it, the institutional red tape necessary to get rates reduced. A tactful credit officer will welcome the doctor who can give information about the economic status of his patients. No attitude of hostility or discourtesy should be adopted by anyone in contact with the physician.

Sometimes the director of the x-ray or clinical laboratory is authorized to rebate rates. Sometimes only the superintendent exercises this authority.

If all requests from physicians were equally fair to the hospital and to the

patient, little difficulty would arise. The abuse of a rebate privilege by one or more physicians is the means whereby a certain discredit settles upon the whole staff. This is unfair both to physician and patient.

The hospital rate card frequently must be altered to meet individual circumstances. This should be done with care and only after a true insight into the patient's financial status has been gained. It would probably be better for a tactful credit officer to handle the whole matter. If no such officer is to be found in the hospital organization, then the heads of departments can probably perform this function better than the superintendent. If an assistant superintendent can be assigned to this work, the results will probably be more favorable than if it is left to a busy chief executive. Rarely should this duty be given to the social service department.

### *Should an Employee With a Positive Wassermann Be Dismissed?*

In hospitals where periodic health examinations of all employees are routinely made this question is likely to arise at frequent intervals. To many persons the term "positive Wassermann" has a terrifying ring. While it always signifies a luetic infection, it does not always imply that the disease is in a transmissible stage. On the other hand, some persons believe that the presence of lues in any stage should contraindicate the employment of workers engaged in handling patients.

The physical examination of hospital employees is particularly aimed at discovering the presence of tuberculosis, venereal or other transmissible disease. This study should, of course, include a serologic test of the blood. While a positive Wassermann reaction may be discovered with no accompanying mucous membrane or skin signs, open luetic lesions may occur later.

Even though at times it appears to work a hardship on the individual, it is probably best temporarily to relieve such an employee from duty and subject him to intensive treatment or to dispense with his services permanently. Some persons will not agree with this opinion but from many angles it is the wisest course to pursue.

*If you have any questions to ask, the editor will be glad to discuss these in a forthcoming issue*

# What the Intern Expects the Hospital to Do for Him

By MILTON B. ROSENBLATT, M.D.

WITH the successful completion of his third year examinations, the medical student begins to think about his future. His foremost problem is where he will obtain his internship.

Knowing that many hospitals have their selections completed at least six months before the term of internship starts, he begins to look about almost frantically for what is considered a good hospital. Usually there are only a few good hospitals in his city and he is aware that most of his classmates as well as graduating members of other schools are applying to these hospitals. He knows also that so far as scholastic considerations are concerned the margin of superiority of one applicant over another is too small to be the deciding factor in the appointment.

While many hospitals give positions only on the basis of written or oral examinations, the graduating student has seen so many flagrant violations in the best hospitals, and has heard about so many more instances from his classmates, that he feels it would be safest if he had something to depend upon other than his own scholastic ability. Everyone who can possibly help is consulted.

## *The Intern's Idea of a Good Hospital*

What, in the eyes of the medical student, makes a good hospital? It should be approved by the American Medical Association; it should be a large hospital with an active service; its staff should be comprised of men who have achieved some prominence in one or another medical field. In determining which hospitals have the necessary qualifications the intern is guided chiefly by general impressions gathered from a variety of sources and by comments from men who have been connected with these hospitals. The graduate usually has no definite plan of specializing, and if he has he soon alters it. He wants a general service to round out his training. The duration of internship he desires is from one to two years, and he generally prefers two years.

*This article was written by an intern in a large Eastern hospital. We are prone to expect much from interns without giving thought to what the intern expects from the hospital he chooses for training. A rather clear picture of what the average intern wants is presented by this young doctor*

Each graduating student prepares for himself a list of hospitals in which he would like to intern, the selection depending either on geographical convenience, social contacts or institutional fame. All conditions being the same, the average individual likes to intern in his native city or in the city where he intends to practice. If social contacts at a particular institution will make it easier for him to make progress there, that fact influences him. Finally, some hospitals are much sought after because of the part they have played in medical history; the graduate hopes to add to his own personal prestige the past glories of the institution.

Only those who have had the experience can appreciate the anxiety of the senior medical student waiting to be accepted for internship. He sees his classmates getting appointments with apparent ease while his own future seems hopeless. Fellow students are accepted whose ability he had surpassed in competitive examinations. Stories of favoritism and political influence are circulated only to torment those who are still waiting to be called. But at last the graduate is accepted and his worries are over. And so it goes with every medical graduate. Eventually he finds an internship.

Within a month after graduation the intern has entered upon his new duties. He is suddenly called upon to perform a variety of procedures with which he has had little or no experience and before he is really aware of the transition he has become an integral part of the hospital organization. His first contacts are those with his superiors on the house staff. It is to these men, just a step ahead of him in the order of medical education, that he turns when in quest of information and from whom he

receives the greatest amount of practical instruction. The orders of the resident are to be obeyed implicitly and the statements he makes are to be accepted as authoritative. In a great many instances the resident realizes his responsibilities and endeavors to give the newcomer the full benefit of his experiences and past errors.

In an equal number of less fortunate instances the superior house officer is either unqualified or ignorant of the obligations of his office. As a result the intern, taking the cue from his leader, soon falls into desultory habits.

#### *Attending Physicians Play Important Rôle*

Far more important in the scheme of medical education is the visiting staff. The real responsibility for the education of the intern is vested in this group. To these men is entrusted not only the physical welfare of the patients in their charge but also the educational welfare of the house staff. Excepting those institutions where postgraduate education is a routine part of hospital activity, too few attending physicians realize this latter responsibility. It is the sum total of their personal experiences, observations, and experimental studies that forms the basis of postgraduate education and serves as the stimulus for the inspiration of the younger men.

But, in general, there are few attending physicians who take an adequate personal interest in their house staff. For the most part, the intern, if he performs his duties satisfactorily, is disregarded; if he does not, he is admonished. Only on rare occasions does the attending physician question himself as to whether or not the new intern is getting enough out of his work. The intern's personality is submerged in the large, appreciative group which makes the daily ward rounds. Little does the attending physician know the disappointment of the intern who has worked up the case and is apparently disregarded in the discussion of it. But what a different rôle the attending physician plays for the house staff!

The intern molds his career after those of his superiors who have already established themselves in the medical world. Their anecdotes, their mannerisms, their clinical approach, all are absorbed to become part of his own medical equipment. To have their grasp of the subject is his goal of attainment and with the proper stimulation he is willing to spend endless hours working up his cases and looking up the literature. In short, he is happy to do everything to win the approbation of his teachers and leaders for whom he has the greatest respect and deference.

The distressing feature, however, is that not all of his attending physicians are equipped to be his

leaders in this sense. Some are too much occupied with their own activities to look upon the intern as a younger confrere who must be guided and trained. Others, well trained themselves, have not the natural ability either to teach or to inspire the house staff. And still others, well versed in the standard knowledge of the subject, have done little or no work themselves and so cannot impart the original information which means most to the intern. There are a few who, with the best of intentions, become lost in their own verbosity and exhaust subject and listener simultaneously.

The profound influence upon their pupils of such men as Osler and Cushing is a fitting testimonial to the pivotal position of the clinical teacher in medicine.

Semisecluded like the immortals of Olympus, usually in an inaccessible portion of the building, dwell the workers of the department of laboratories. Here are exposed the errors, frailties and ineptitudes of the mortal clinicians below. The intern in his first contacts with the laboratories of any modern hospital is soon bewildered by the variety of procedures performed in the work-up of cases and by the magnitude of experimental investigation. One can learn to interpret laboratory data intelligently without actually learning to perform examinations. At the same time, it is most advisable that the intern learn the technique of nonroutine procedures, first, because he acquires a proper sense of evaluation, and, second, because he becomes interested in further study along laboratory lines at some future time. In accordance with this view, many hospitals have assigned laboratory service for a definite period as part of the general internship. All hospitals, however, should provide in some manner for laboratory training.

#### *It's Tragic to Miss This Opportunity*

With the completion of his service, it is highly improbable that the doctor, unless he is specially interested, will obtain any further laboratory training. This is particularly true in the department of pathology. This subject can be studied only in a hospital. The doctor will never again have as much opportunity to study pathologic material as he has during his internship. To permit this opportunity to slip by is tragic. It is the duty of the hospital pathologist to arouse in the intern more than a casual interest in the subject for he is in a position to give the house staff a basic knowledge of disease process which, in the light of their newly acquired clinical knowledge, is of much more significance to them than any pathologic teaching obtained in medical school.

Despite the obvious necessity for laboratory

training, there always exists in the intern's mind a distaste for laboratory work, particularly the routine procedures. This aversion is usually due to the enormous amount the intern must do daily, much of which he feels is unnecessary. Sometimes, too, he is correct. It is irksome to find that the time consumed in doing such procedures as blood counts and urines often equals, if it does not exceed, that devoted to the rest of the entire day's work. No practical solution offers itself, either, for if the work was ordered in good faith and there are no technicians to do it, then it must fall upon the intern, unpleasant as the task may be to him.

#### *Hospital's Obligations Are Indefinite*

While the hospital has at its disposal all the necessary material for proper postgraduate education, the intern is too often left to his own resources to unearth these precious nuggets and while, generally speaking, this may be considered part of the educational process, unfortunately the time element is an important one. It would hardly be advisable for the hospital to institute a rigorous educational program similar to the one the intern had just completed at medical school. A plan should be established, however, definite in purpose if not in details, whereby the intern can be properly guided and stimulated so that when he has terminated his internship he has obtained the maximum benefits.

The hospital's obligations to the intern are indefinite as compared with the intern's very specific responsibilities to the hospital, ranging from innumerable sputum, urine and blood examinations to continuous intravenous medications, gastric analyses and sleepless nights. These duties are not drudgeries. On the contrary, the doctor is pleased to find his work necessary and is enthusiastic in his activities, many of which are entirely new experiences for him. But just as the intern makes a definite personal contribution to the organization of the hospital, the latter in its turn should make a direct, active attempt to see that the doctor gets the most from his post graduate course. To accomplish this result obviously requires concerted effort on the part of the hospital administration, the visiting staff and the laboratory division.

It is one thing to stimulate the intern to delve into medical literature and quite another to provide him with the means for this study. Few hospitals have libraries of sufficient size and scope to provide the books and current journals necessary for proper study. It is too much to expect the intern, weary after a day's work, to trudge to the nearest medical library, usually that of a county

society situated miles away, in order to do some reading. Each hospital should provide an adequate library giving the house staff the substance for advanced study. One notes a sharp difference in the medical outlook of the man who has spent his years of internship in an atmosphere conducive to study and that of the one who has been deprived of this study.

An important responsibility for the intern's education rests, of course, upon the hospital administration. It is the hospital administrator who must initiate the process and maintain it, impress all the divisions of the hospital with the necessity and value of such teaching, acquire the type of attending staff capable of carrying out such a program and accept the type of intern who is qualified to receive training. When one speaks of the hospital administration one cannot omit the board of trustees for in many instances measures pertaining directly to the welfare of the house staff originate with or depend upon this group.

Then there is that tense period immediately following internship in which the young doctor attempts to establish himself financially. How much assistance does the hospital give him? Does it welcome him to the junior positions on its attending staff? Does it establish fellowships? Does it permit him the use of its private pavilion? The hospital's obligations should extend beyond the time when it hands the intern his diploma, for in helping the individual doctor it helps to elevate the standards of medicine in the community.

#### *"So It Is With the Intern"*

Described in the writings of Voltaire is an episode in which a philosopher is scolded by his friend for leading a troubled existence, always concerning himself with the cares of the world and deriving no personal contentment despite his great wisdom. The friend, pointing to a near-by peasant woman who was singing merrily, argued that this creature knew nothing of the universe and still less of the people in it, and yet she was infinitely happier in her blissful ignorance than the philosopher could ever hope to be in all his wisdom. The philosopher replied that while all this was undoubtedly true, it was not exactly the type of happiness he desired.

So it is with the intern. The blissful existence is not one he really desires but one he is compelled to accept when no adequate attempt is made by his superiors to continue his medical education. With the background he now receives at medical school and with well planned postgraduate training, the young doctor will undoubtedly be able to progress far more rapidly and with much less difficulty than have his predecessors.

---

---

## The Problem of the Month

---

---

# Should Hospitals Provide Housing for Their Employees?

**T**HERE is considerable disagreement as to the desirability of hospitals' providing housing for their employees. Some executives feel that the hospital has a responsibility to house its employees in order to protect their morals, assure them of decent housing, provide suitable recreational facilities, and exercise control over their activities so as to preserve the good name of the hospital.

Other administrators feel that the housing of employees, except when a remote location makes it necessary, is undesirable because it involves additional expense, it throws on the institution the burden of policing activities, and it robs employees of the pleasure of living at home or in lodgings of their own choosing.

What is your opinion on the subject?

*Lucius R. Wilson, M.D., Superintendent,  
John Sealy Hospital, Galveston, Tex.:*

"If plans were being developed for a new hospital, I believe it would be found economical and more satisfactory to omit construction of dormitories for employees, with the exception of the nurses' residence when there is a school of nursing connected with the hospital. Persons who have lived in a dormitory for a few years realize that close association with fellow employees during the hours off duty tends to narrow their views on life and to hinder the development of new friends and acquaintances. This has a direct bearing on the quality of their work.

"For some time it has been felt that the hospital secures a financial profit by providing living quarters for employees and reducing salaries a small amount. If the cost of erecting a building and the overhead of maintaining it are carefully figured, it is likely that there is a loss instead of a profit.

"Some persons believe that thievery of hospital supplies by employees is curtailed when living quarters are provided. This may be true, but thievery can also be minimized by careful check of

hospital supplies and by planning the hospital so that employees leave through a supervised exit. In short, I feel that persons employed by a hospital are entitled to the same consideration as those employed by any other business and that it is wrong to attempt to control their personal affairs."

*R. J. Alexander, M.D., Superintendent,  
Salt Lake General Hospital,  
Salt Lake City, Utah:*

"The question of housing employees is a pertinent one in this institution. We house certain orderlies, cooks, maids and nurses' aids, some twenty-five in number. Housing them on the grounds has not been completely satisfactory from the standpoint of morale, although the housing facilities are good. These employees occupy a number of rooms that are needed for pupil nurses.

"I feel that the most satisfactory solution of the whole question, as the outside activities of employees cannot be properly supervised and the standard of the individual employee cannot always be regulated, is to give all employees outside of the nursing personnel an increase in wage sufficient to compensate for the rental of outside quarters. These should be at any place optional to the individual but off the grounds of the hospital.

"However, these persons should be given their meals the same as at present as the cost of feeding of employees is not great and their interest in the hospital is deeper when they are properly fed in the institution itself."

*I. R. Peters, Superintendent,  
Henry Ford Hospital, Detroit:*

"Employees of the Henry Ford Hospital are not furnished maintenance. They receive adequate salaries allowing for living quarters outside of the hospital. Rooms in the nurses' home are available to the nursing staff on a moderate rental basis should they prefer this accommodation."



## Sisters' Hospital Is Fine Example of Modern Concrete Construction

**S**T. LUKE Hospital, erected by the Sisters of St. Joseph of Orange, occupies a beautiful scenic site in the Sierra Madre foothills, Pasadena, Calif.

In character of architecture the building is modernistic. Exterior walls are of natural concrete, and ornamentation consists of sculptured panels and archways. The monolithic structure represents one of the finest examples of modern concrete construction in the state and adds another beautiful structure to the architecture of Southern California.

The building rises seven stories, and is surmounted by a dome of brightly colored terra cotta, beautifully illuminated at night. The length of the building is 264 feet and the width varies from 88 feet at the central axis to 41 feet on the wings. It is designed to carry additional floors on the east and west ends and a future extension from

By SISTER M. CECILIA

St. Joseph Hospital, Orange, Calif.

the center to the south of the present building. Plans also call for the erection of a chapel and Sisters' home at a later date.

The first floor is devoted to the administration offices, emergency unit, complete x-ray laboratories and pharmacy, several de luxe guest room suites, staff library and conference rooms.

The medical unit of the hospital occupies the second floor, and the hospital offers every diagnostic aid for this class of service.

An interesting spot in the hospital is the third floor, which comprises the maternity department with a large nursery having a color scheme of



*Ornamentation consists of sculptured panels and archways.*

pink and blue. Observation windows are provided for the nursery, so that visitors may view the infants without entering the maternity section. Everything has been planned that can add to the comfort of mother and baby during their stay in the institution.

The fourth floor offers a combination of beauty and efficiency in the surgical suites. These suites are finished in a beautiful gray tile and have the terrazzo flooring that prevails throughout the building. Observation galleries are provided for

visiting physicians who wish to view an operation.

The fifth floor is devoted to a large and completely equipped pathologic laboratory, which provides splendid units of that service to the director and his personnel. This area also houses a handsomely furnished chapel. Corridors on this floor lead to spacious sun decks, where one may enjoy a restful view of the rugged Sierra Madres or the broad and fertile valleys rimmed by the Montebello hills. Catalina Island may also be seen from this vantage point.

A large, modern kitchen is on the ground floor and the dietary department is equipped to render a high type of service in the cuisine art.

A spacious staff room has been provided, with a private entrance and ample parking space.

Each floor devoted to patients has its own surgical treatment room, diet kitchen, central linen supply room and flower room. Everything has been planned to facilitate ease and efficiency of service to physician, patient and nursing personnel.

Every type of accommodation is available from four-bed ward service to de luxe suites, and in planning the rooms efforts have been made to eliminate an institutional atmosphere. Period furniture and color effects have been employed to excellent advantage.

The building was designed by Gene Verge, Los Angeles architect; Jerome K. Doolan, contractor and engineer of Pasadena, was in charge of the construction.

The hospital has a capacity of seventy-five beds, and its organization will conform to the requirements set by the American College of Surgeons.

## Should the Small Institution Have a Laundry?

When is a small hospital justified in doing its own laundry work?

Instances are cited by a committee of the Canadian Hospital Council to demonstrate that in the final analysis every hospital must survey the laundry possibilities in its district, estimate comparative costs and make its own decision as to whether or not to do its own laundry work, preferably before capital investments are made in construction and equipment.

The Duke Endowment report concluded that it is impractical for a hospital of less than fifty beds to do its own laundry work. Two Canadian superintendents of wide experience do not think this recommendation holds for their hospitals. One says:

"A small hospital is justified in doing its own laundry with a steam laundry in town or near by if: (1) it can operate with a maximum amount of efficiency at a minimum

cost over the town laundry; (2) if the equipment has been donated to the hospital and provisions made for renewing it; (3) if the cooperation of the town laundry cannot be obtained by the hospital or if the hospital is not satisfied with the quality of work done, and (4) if accommodation has been made in the building for the laundry."

The other superintendent writes: "With the equipment now furnished by various companies manufacturing laundry machinery, it is possible for even the smallest hospital to conduct a laundry more cheaply, more efficiently and much more satisfactorily than the same service can be supplied by a commercial institution. Competent help is the first essential. In the hands of inexperienced or indifferent employees supplies are used in excessive quantities, goods are ill treated and wear out long before they should."

It should be borne in mind, however, the committee points out, that incompetent help and oversight are just as likely to be found, if not more so, in the hospital laundry as in the commercial plant.

The decision should be made before the hospital reaches the construction stage.

# Underlying Principles in Business Organization\*

By JOHN R. HOWARD, JR.  
Old Greenwich, Conn.

THE business organization of a hospital concerns every person, every function, every service, every department, every relationship in any way associated with the institution. To succeed, it must control them all. To control, it must understand them all—their history, ideals, philosophy, relationships within and without the hospital, to the community, to the professions.

It is doubtful whether any other institution or organization has as many diverse elements to contend with, or elements as sensitive to control. To fuse these into a living organism that functions smoothly to the common end is a master task. It requires "an ideal which takes the imagination by storm," "the emotional energy aroused by a vision." It cannot be done by blue prints, charts or business procedures. And yet, it cannot be done without them.

## *Board Must Formulate Policies*

The first requisite for success is centralized authority. The source of this authority is the board of trustees. The agent of it should be the superintendent. The trustees should formulate the policies and the superintendent carry them out. To formulate policies, the trustees should have the advice of their committees, but the superintendent should sit with every committee and with the board. Few trustees realize the delicate nature of the organism for which they legislate or the vital interrelationships concerned. The superintendent does. His advice may not be followed, but his information will be helpful, and to act without it is folly. If the superintendent has not the confidence of the trustees, he is the wrong man; but this fact or the reverse will become evident much more quickly if he takes part in their counsels. In either case, he will be a much better man because of them, and better able to understand, interpret and carry out the policies decided upon.

This point is insisted upon because it is the key-stone of the business organization of a hospital, without which — no matter how precisely the other stones are laid — the arch will not set true.

\*This article is one of the Hospital Organization Series, under the direction of Dr. Winford H. Smith.

Once the policies are determined, the superintendent should be given the authority to carry them out without interference from any source. The more intimately acquainted the trustees are with the business and professional activities of the hospital the better. Questions, suggestions and criticisms should not be discussed with the personnel but should be taken first to the superintendent (where most of them should be settled). They should reach the board of trustees only after discussion with the superintendent, and preferably through him.

The business of a hospital is the care of the sick. The training of doctors and nurses, and research have the same ultimate goal, and are best served when this objective is kept in sight. Were the object profit rather than service, the same principles should actuate every procedure: to make the patient and his family welcome; to speed his admission, care and discharge; to surround the necessary administrative and professional procedures with kindness; to have the patient, or, if he should die, his family, leave with the feeling of having found a friend. Purely from the business standpoint, efficiency cannot take the place of good will; and from the therapeutic standpoint, kindness "doeth good like medicine."

This applies primarily to those who come in contact with the patient and the public — the door-men, information clerks, registrars, cashiers, telephone operators, elevator operators, nurses, social workers, dietitians, certain technicians and the superintendent. And those in departments that do not contact patients — accounting, housekeeping, laundry, kitchen, engineering, pharmacy, laboratory — should make their goal not self-sufficiency but prompt, skillful service to the patient and to those who serve the patient.

In organizing the personnel of a hospital, the superintendent should give the heads of departments authority and responsibility. He should keep in intimate touch with the work of each depart-

ment through reports and conferences with the head and by personal inspection, but he should exercise his final authority only through the head, and in such a way as to encourage his confidence and self-respect.

The number of department heads will depend on the size of the hospital, but they should all report directly to the superintendent. Even when there are one or more assistant superintendents, the heads of the major departments should report to the superintendent. The chart of organization that accompanies this article visualizes the main functions and departments and the centralized control advocated.

Department heads should be brought together frequently for conference. They should be kept informed of the financial condition of the hospital and of its performance, as well as of their own departments.

#### *Why a Budget Is Necessary*

Every hospital should operate on a budget. This is no more or less than an estimate of income and expense, based on past experience. It should be authorized by the trustees at the beginning of the year, and (as to expense) should not be exceeded by any department without vote of the trustees. Some superintendents think a budget useless because the service has to be given whatever happens to earnings or to prices; but without it, trustees lack a vital factor in planning and control, and the superintendent intelligible basis for his authority.

The form of the budget will depend on the system of accounting; but it should indicate the income expected from each source — endowment, gifts, earnings — and the wages and supplies required for each department, and the corporation expense.

In making the estimates, the department heads (who will be required to keep within them) should be consulted; they should be informed monthly of how their expense compares with the budget allowance.

This monthly comparison of expense with budget is sufficient

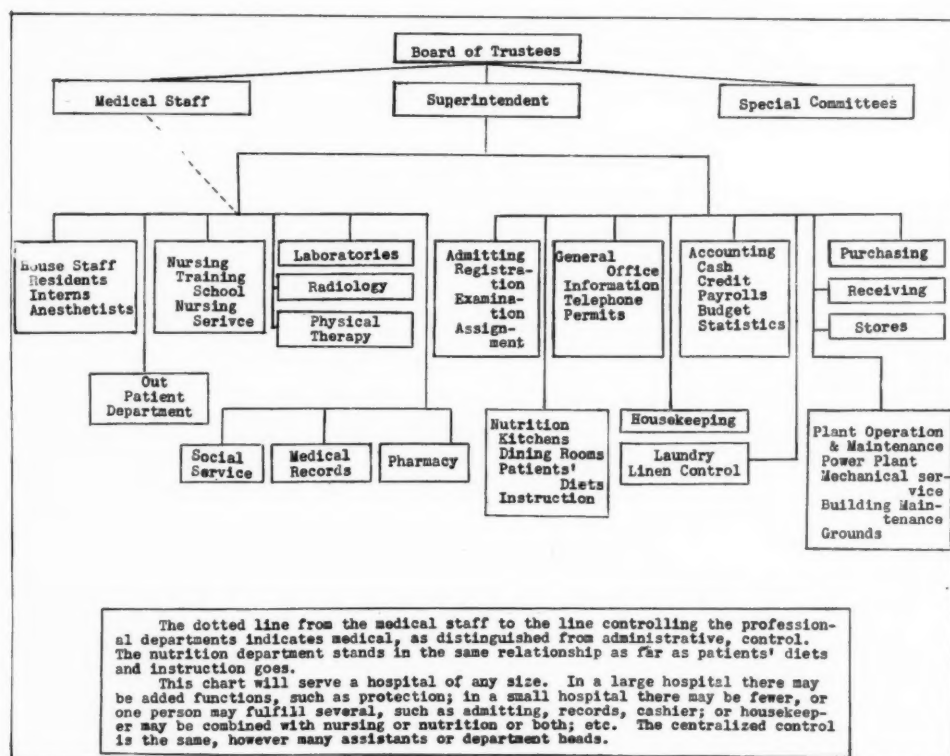
for most departments. "Accounting and Business Procedure for Hospitals," by Herbert R. Sands, advocates budgetary control currently from day to day by requiring that each requisition on stores, before being filled, shall be approved by the accounting department; but this method involves an extensive breakdown of the budget and a multiplication of budgeted service units not advisable for any but the largest hospitals and not yet sufficiently tested there.

#### *Must Keep Daily Check on Food*

An important exception is raw food. The pay roll is relatively constant, and the trend in the use of supplies gradual. With food, however, both uses and prices change rapidly, purchases are daily, and it requires a daily check to keep the factors in hand. While the total amount involved depends on the size of the hospital — a variation of one cent per meal can amount to as much as \$15,000 a year in some institutions — it is relatively large in any case, food representing from a third to a half of all expense for supplies. In other departments a monthly check is sufficient.

An excellent supplementary control of supplies, food or other items is a record of quantities used. This is simple, free from the factor of price variation, can be used as a daily, weekly or monthly check in most departments, and as a measure of service requisitioned by different units.

No matter what the size of a hospital, the superintendent should have detailed records of



*During these prolonged years of depression, trustees have tried to squeeze the increasing deficits out of operation. This has resulted in useful economies. It has also resulted in measures which have sadly taxed morale, which could be effected only under the stimulation of emergency emotion, and which trustees would do well not to rely upon in plans for the future*

income, expense and performance; not of the hospital as a whole only, but of each department of service. Whether they come to him daily or monthly, they should be so tabulated and preserved as to be instantly available. Frequent decisions must be made which cannot be intelligently made without them, and which often will be made without them if they have to be dug out. Total earnings and expense, admissions, discharges, patient days and visits are not enough. For each department and service, the record must come through. It is only as these are individualized and analyzed that the whole may be controlled. The expense of such records is relatively small, and is justified by the results. In fact, it is unjustifiable to omit them.

#### *Need Central Pay Roll and Purchasing Control*

In this process it is important to centralize certain functions, whatever the size of the hospital. One is the pay roll control. The salaries and wages budget and the pay roll should be so set up that the superintendent knows instantly any variation of pay roll from budget, and no changes in rates or numbers should be made except by the superintendent in person.

All purchasing should be centered in one office. In the small hospital this may be the superintendent's office; in the large one, the purchasing agent's; but whichever it is, there should be no purchasing done by other individuals or departments. This does not mean that the pharmacist, dietitian, engineer or doctor may not advise and select; but it does mean that authority to buy should be in one office only. Even where there is a purchasing agent, the superintendent should keep in intimate control of all purchases, methods and sources of supply. More can be saved by skillful and judicious purchasing than by any other one factor. The purchasing agent should be chosen with care and should be well paid. Few superintendents have the time or the experience properly to exercise this function.

As purchasing should be centralized, so should

receiving and issuance—all goods, no matter what their destination, being received or shipped and checked by the receiving clerk, and all goods (except, possibly, drugs and food) going to general stores for issuance on requisition. Authority for issuance of supplies may be in the hands of the superintendent in a small hospital or may be delegated in a large hospital. In either

case, the control of the stock is through the perpetual inventory of the storeroom, and the control of use through requisitions and the tabulation of issues to departments.

Whatever the simplicity or complexity of the business procedures, the effective economy of a hospital will depend more upon the organization and the personnel than upon the system. Confidence of the trustees in the superintendent is the first requisite. Complete authority vested by the trustees in the superintendent and exercised only through him, is the second. Confidence of the superintendent in the department heads is the third. With this organization and trust, common counsel will produce the soundest plans, and there will be engendered throughout a spirit of loyalty that will move mountains.

No hospital maintained to care for the sick poor can meet expense from earnings. The prices charged for ward care do not cover the cost of ward care, even without part pay or free patients. The prices charged for semiprivate care do not cover the cost of such care. The prices charged for private room care frequently do not cover the cost and never exceed it by an amount sufficient to cover the deficit in ward and semiprivate care.

#### *A Vicious Practice*

The attempt by trustees to put the burden of getting business on the medical staff is a vicious and dangerous practice. The medical staff is appointed primarily to serve the patients who are without funds to pay medical fees. In general, the doctors best fitted to do this are the same that private patients seek, but to select or favor doctors merely because of the size of their private practice is to overlook the main purpose of the founders.

The economical and efficient operation of any charitable hospital is a constant responsibility of the trustees, in good times and bad; and the trustees of a hospital so run cannot—except for temporary measures—look to operating income or expense to make up lagging interest and support.

---



---

## Editorials

---

### Philadelphia Beckons

**S**EPTEMBER and the meeting of the American Hospital Association in the home of the first hospital in the United States are around the corner.

Philadelphia has long been famous as the city of brotherly love and of medical education. Its hospitals have kept pace with the development of modern medical teaching methods. The program, on which appear the names of institutional and public health luminaries preeminent not only in America but also in foreign countries, is in active preparation.

The spirit of hospitality and courtesy to strangers long existent in the city of William Penn and Benjamin Franklin awaits the coming of visitors from other cities, states and lands. Philadelphia beckons. It is hoped that hospital executives throughout the institutional field will heed the invitation.

---

### What the Efficiency Expert Does Not Know

**T**HE efficiency expert has often been seen at the hospital desk during the past few years. He has been asked to search for reasons why the hospital cannot pay its bills. Sometimes he discovers needless leaks and flagrant instances of poor business acumen.

The business expert learns, too, that the hospital is a business that gives away 60 per cent of its service. He is likely to register complete disgust when confronted with this evidence of what he thinks is unsound business procedure. He reports his findings to the board of trustees, together with some good and some bad suggestions as to methods of bringing about general improvement in the institution's administration. If he is then not employed, he suggests that if he were the executive he would make the hospital pay its way. He cites theoretical possibilities of increased earnings. He forgets he is not advising how to realize a profit on men's clothes or on toilet articles. Moreover, he knows nothing of the psychology of the sick or of those who attend them. He knows only the atmosphere of the office — ledgers, adding machines, red and black ink.

The frightened board of trustees takes him at

his word and a faithful, well trained executive is replaced by a promising expert with figures. A tragedy for the sick is thus enacted. Efficiency is now replaced by inefficiency, morale by confusion, and, rarely, red ink by black.

When better economic times return it is hoped that business efficiency experts will be so engaged otherwise that they will not seek to replace directors of the only business that has not known a strike. What the efficiency expert does not know is that hospital service defies the accurate placing of the dollar mark in evaluating its usefulness to the community. He usually knows nothing about conducting anything in the institution but the bookkeeping department.

---

### Obligations of Staff Physicians

**M**ANY physicians there are upon whom rests lightly the obligation to support the hospital by something more tangible than a daily or thrice weekly visit thereto.

To visit the wards and conduct the dispensaries of a hospital are important duties. To deal justly with patients, to treat disease humanely and skillfully, are splendid accomplishments. But something more is rightfully expected of the physician who accepts a position on a hospital staff. The institution cannot exist unless he is the means by which the hospital secures an income from the use of its private rooms. Scientific distinction can hardly be possessed by a physician without an accompanying growing clientele. If the staff physician chooses to divide his patronage into too many parts by accepting multiple appointments, neither physician nor hospital will benefit.

To demand absolute loyalty to an institution is the right of the board which has appointing power. But one course is open when a physician fails to meet this obligation—to replace him by another who will.

---

### Hospital and Home Nursing

**I**T IS not uncommon for a nurse to be found quite impractical and wholly confused when she is required to face difficult situations in middle class homes. There she does not find the orderly arrangement of utensils and implements to which she is accustomed in the hospital and she is required to extemporize and to attain results with little physical aid.

The splendid equipment of the modern hospital which is available to the nurse in the treatment of the sick may react upon her as an actual handi-

cap. Why, ask the critics, should not the nurse be taught in her training school to care for patients in an old-fashioned double wooden bed, to sterilize on the kitchen stove or to serve an attractive meal upon china that is neither flowered nor wholly intact?

Modern training splendidly fits the nurse for hospital work. Is it because of the lack of physical facilities for the care of the sick, encountered in the homes of all economic classes, that the nurse of today prefers institutional work? Is it not the duty of nursing educators to preach more often the gospel of doing the thing that is to be done even though it leads occasionally along the paths of cleaning and dusting and preparing a meal for the family?

The pure educationist will decry even the intimation that the members of a splendid profession should perform any of the duties of the maid. As a general rule this may be granted. On the other hand, the physician does not often hesitate to carry out any tasks that appear to be necessary, whether they are strictly those related to the professional care of the patient or those of a type usually performed by nonprofessional persons. The nurse does not lower herself in the eyes of the public when she, for the time being, becomes an active and interested member of the patient's family and performs gladly whatever task appears to be necessary.

---

### A Rose for Mme. Curie

**H**EADS and hearts were bowed last month when the press announced the death of the greatest woman scientist of all time — Marie Sklodowska Curie.

The hospital world is particularly in debt to this modest woman and her long, lonely years of laboratory research. After the death of Pierre Curie, her husband, co-worker and fellow recipient, in 1903, of the Nobel prize for the discovery of radium, the laboratory was still her home as it had been their home. In it she went on to establish the atomic nature of radioactivity, to isolate pure radium from the chloride, to contribute to cancer therapy, and to write books and lectures of scientific import.

Modestly, Mme. Curie received again in 1911 the Nobel prize, and, humble as always, she accepted later both in America and in Europe gifts of money and radium to carry on her work.

Mme. Curie died in a sanitarium in the French Alps of pernicious anemia, her death probably hastened by long exposure to the element she helped discover. Her body lies in a crypt some

twenty miles from Paris beside that of her husband. When at the funeral services her daughters (Eve, the musician and Irene, a scientist in her own right) and a few intimate friends walked past the casket, each laid upon it a single rose. With reverence for her fine mind and fruitful labors, those of us who work among the sick now lay at her feet a rose of gratitude, a flower as immortal as are her gifts to suffering humanity.

---

### The Intern's Health

**B**EFORE neophytes in nursing may seriously begin their academic and practical work they are as a rule subjected to a careful physical examination to discover defects that would handicap them in their course. Often they are immunized against diphtheria, typhoid and scarlet fever. All these steps are praiseworthy and in line with modern preventive medicine trends.

Similar endeavors to protect the intern's health and usefulness are rare. Why this should be true is not easily understood unless hospitals conclude that the young physician should know when he is ill or likely to be ill or that they have no responsibility as to the health of their graduates in medicine. Such beliefs are of course wholly unjustifiable. Scores of interns annually must yield their institutional activities to tuberculosis and typhoid fever.

Every entering intern should undergo a physical examination including an x-ray examination of the chest. He should be protected against typhoid fever, diphtheria and scarlet fever if he is not immune to these diseases. Such steps are but the practical exemplification of one of the hospital's obligations to the intern. When he becomes ill no effort should be spared quickly to restore him to health. The intern's contribution to the hospital is too often lightly appraised.

---

### "Do Not Refill"

**T**HE attention of the medical world has recently been directed to the danger of poisoning through ill advised self-medication with such drugs as cinchophen and neocinchophen. Almost two score deaths, the result of hepatic degeneration following the ingestion of neocinchophen or of proprietary arthritis "cures" containing this drug, are recorded in the medical literature.

This is but one of the many dangerous drugs dispensed daily in the out-patient department of the hospital. Often such prescriptions may be refilled at will by the patient without the physician's order. The danger inherent in this practice is as evident as the remedy is plain. No dangerous drug

should be prescribed without the order being plainly marked "Do Not Refill." Moreover, it is questionable whether this remedy should be employed at all in the out-patient department without some knowledge being first secured as to the presence of a hypersensitiveness to it on the part of the individual patient.

### Ward Cases and Surgeons' Fees

**A** TRADITION having its inception in the East a century and a half ago and extending to some degree throughout the hospital field dictates that no surgeon or physician may charge a ward patient for his services.

The newer medical economist has somewhat reversed this dictum and contends that no patient should be permitted care in the ward who is able to pay a fee to his medical attendant. There may be some justice in the latter contention, but practically to enforce this provision seems almost impossible.

Since in many states injuries received in industry are compensable, hospitals have felt that justice lay in the policy of permitting surgeons a fee commensurate with the sum allowed by legal enactments. Patients classed as ward cases constitute an exception to the general rule. Many believe that compensated accident cases should be added to those in which a surgeon may submit a bill. When a settlement is made following an automobile injury and the recipient of the damage to person claim receives a considerable sum there is no reason why professional care should be supplied gratis. Perhaps a new type of ward service should be provided with fees slightly higher than those in the regular public ward. A small professional fee could be charged, particularly by the younger members of the visiting staff.

Traditions should not be so blindly followed that the newer developments in institutional and professional economics are wholly disregarded. The physician should not be paid at the expense of the hospital, but the hospital should, while not necessarily collecting the doctor's bill, be interested to the extent of facilitating this collection.

### Office Building Board Meetings

**T**HERE are many reasons for a poorly functioning hospital. The superintendent may be inept or poorly trained. The director of nurses may be inefficient or militaristic. The staff may be careless, unethical or unscientific.

In the last analysis there can be but one causa-

tive factor when the hospital does not return to the community a full measure of service for each dollar spent. The board of trustees is that reason. The gratuitous service rendered by that army of public spirited men and women comprising institutional boards is usually characterized by a high spirit of humanitarianism and often by an equally splendid degree of efficiency.

Infrequent meetings, persistent absenteeism and hurried and casual attention to the welfare of the hospital beget the same traits in the administrative family. In some localities it is the custom to hold hospital board meetings at the office of the president or at some other central point. When this is done much time is often wasted in reading detailed reports and in discussing, in absentia, the hospital and its problems. Such meetings are devoid of that atmosphere of nearness to the hospital's problems that exists when the board meets at the institution.

When the welfare of the sick is continually made a secondary consideration to golf or other social engagements, something is wrong with the board organization or with its individual members. When boards meet but quarterly superintendents develop an ennui, a "tomorrow will do" attitude or else an exaggerated idea of their own importance. The board, after all, creates or destroys hospital effectiveness. In only exceptional instances does the hospital render the highest service in spite of the board.

### Label It "Poison"

**T**OXICOLOGISTS have repeatedly called attention to the dangers of poisoning by boric acid. This drug has come to be considered by the laity as a harmless ingredient of eye washes, gargles and irrigating fluids. It is extensively employed in the hospital. While it is a common occupant of a place on the shelf of the institutional nursery, it is all too rarely dispensed by the hospital pharmacy in a container labeled "Poison." Scant wonder that poisonings take place because of the mistaken use of such a solution for water or salt solution.

Three infant deaths from toxicosis of this type occurred in a New York hospital and six deaths resulted from the same cause in a Chicago institution. Let every physician, hospital administrator or nurse who reads these words immediately determine whether improperly labeled boric acid is to be found in the closets of their respective hospitals. The lives of little children are in the hands of all hospital workers. Boric acid is capable of producing death. Label it "Poison."

# Reducing Deaths From Diabetes\*

ONCE the diagnosis of diabetes has been made, the handling of the case from the hospital standpoint becomes of paramount importance. The general medical, nursing and social service care of the patient may be considered together, since they largely represent the activities of the hospital's personnel, once the proper physical equipment has been provided by the institutional board of trustees.

Let us consider the physical provisions that should be made available for the proper care of the diabetic. Ideally, a separate ward should be provided for these patients, with a special dietitian and diet kitchen. This conclusion has been reached by many authorities because of a knowledge of the psychology of the diabetic patient and of his peculiar needs from the standpoint of study and treatment.

The appetite of the diabetic is that of a famished person. Frequently his ignorance and discomfort do not permit him to employ his reasoning powers or to exhibit his inherent inhibitive resources. Physical isolation is deemed proper because the diabetic in a general ward may observe the delicacies contained in other diets. He talks with other patients concerning the excellence of their food and he is exposed to the presence of visitors who know little and care less about the dangers of the carbohydrates they bring to the ward patient.

## *Patients Ravenous for Forbidden Foods*

The impulse to secure sweets is to some diabetic patients almost comparable to the desire for opium in the drug addict. In one instance a nurse saw a ward patient with diabetes leave his bed and crawl beneath other beds the length of the ward in order to obtain a piece of bread he had seen on a bedside table. No admonitions on the part of the doctor are likely to control such a ravenous desire for food. Moreover, on occasions, visitors to the pub-

*The ideal arrangement for the care of diabetic patients requires their segregation in a separate ward under the care of specially trained nurses and dietitians. Proper treatment of this disease demands close cooperation between surgeons and internists. To the social worker is assigned the task of making permanent the good accomplished within the hospital walls*

lic wards at holiday time have blithely treated every patient with candy including those with diabetes.

When a separate ward in charge of specially trained nurses is not available to the diabetic, the collection of specimens, the keeping of records, the frequent testing of urine and the recognition of the types of coma to which the diabetic is subject are likely to be unskillfully, if not clumsily, performed. From the standpoint of the hospital of size, therefore, the provision of proper physical conditions for the treatment of the diabetic is of prime importance.

## *Expensive Patients to Treat*

The diabetic patient is an expensive type to treat in any institution. His diet is costly. Provision of special kitchens and dietitians and of a specially trained nursing personnel requires large expenditures.

The laboratory expense is considerable. In some hospitals where no flat laboratory rate exists too little investigative work is likely to be performed; treatment must, therefore, be carried on more or less blindly because of a lack of mathematical control. In hospitals that have provided a flat rate system, the generosity of the hospital is often abused because a rate that might be fair to the surgical patient is inordinately low for the diabetic patient. Daily urinalyses and blood chemistries for the average two-week period of standardization at current laboratory rates would represent the expenditure of a much greater fee than can be charged these patients. In some hospitals a special rate for diabetic laboratory study is laid down or it is provided that the initial flat rate fee of five

\*Practical Administrative Problems Series.

or ten dollars covers only a definite period of investigation. In some of the more completely equipped institutions a small clinical laboratory is an integral part of the metabolic division.

Whether or not hospitals generally should include a division of metabolic diseases in their organization is a question pertinent to this discussion. In a small institution the subdivision of the medical service into integral specialties is obviously impossible. And yet if a diabetic dispensary is conducted it would probably be better if some one physician were delegated to perform this work. He would be more likely to keep abreast of modern methods because the greater portion of his time could be given to the study of one type of disease.

#### *A Compromise Set-Up*

In larger institutions the division of metabolism treats not only diabetes but also patients suffering with endocrine disorders, arthritis of metabolic origin, obesity and other allied conditions. If physical separation of patients with diabetes from other patients and creation of a division of metabolism to which these wards are assigned are impossible, then a midway and less perfect arrangement might be set up. This can be done either by placing diabetic patients in a small ward adjacent to the general medical service, the general staff of internists providing the treatment for these cases, or by creating a consultation service on metabolism that would collaborate with the visiting internists in the treatment of diabetes and its complications. As a compromise, it would probably be better for the patient to be properly isolated from others and to have available the service of a trained dietitian and a special kitchen with medical care furnished by the regular staff physicians than to have no such physical advantages and to have available for call by the internists a so-called specialist on diabetes.

Every good internist should be able to treat diabetes intelligently provided he has at hand efficient laboratory and dietetic services. The diagnosis of diabetes and its commoner complications, together with their treatment, has been so well covered in modern medical literature that no physician who pretends to be up to date should be wanting in knowledge concerning these facts. The dangers of too great specialization as affecting the general major divisions in the organization of the hospital are more than theoretical. On the hospital staff should be found those who are particularly skilled in the handling of special types of medical disease, but the general internist must not consider these conditions outside of his scope of training and responsibility.

The child diabetic presents one of the most delicate problems in therapeutic control and treatment. Children who are suffering with diabetes have narrow margins of safety. Nearly all require insulin. They quickly range from a state verging on insulin shock to one tending toward acidotic coma. In hospitals that treat considerable numbers of diabetic children the most splendid esprit de corps is often found. Moreover, the high morale and the intelligent cooperation with doctor, nurse and dietitian which the children themselves display often set a pattern difficult of emulation. Persons who have not observed a class of children learning about calories, proteins and carbohydrates from practical lessons and from blackboard talks or who have not seen a group being instructed in the self-administration of insulin have missed an institutional inspiration.

The surgical diabetic patient presents an interesting but difficult institutional problem. From one-quarter to one-half of these patients formerly succumbed to conditions that have later been proved to be preventable. Today surgery in the case of the diabetic patient offers little more risk than surgery in the case of the patient not suffering with this condition. Diabetes is a creator of surgical conditions and close liaison between the internist and surgeon is important in treatment. Gangrene and infections of various types probably account for from three-fourths to seven-eighths of surgical diabetic deaths. Proper medical treatment before, during and after surgical care will save many of these patients.

#### *Preparing Diabetic Patient for Surgery*

In some hospitals the medical personnel of the department of metabolism consists of an internist, a surgeon and a laboratorian with their various assistants. The diabetic patient suffering with some surgical condition is made ready for his surgical test almost as an athlete is prepared for a grilling race. The internist endeavors to present the patient to the surgeon free from all evidence of an acidosis, with the greatest possible supply of sugar and fluids in his body. Hence for such a patient a preparatory period prior to operation of at least a fortnight appears necessary, particularly in the case of severe diabetes.

The internist attempts to lower the sugar content of blood and urine by means of diet alone or diet and insulin. The patient is fed up to within a few hours of operation. He receives postoperatively the same amount of carbohydrates as before surgical treatment by mouth, in the form of fruit juice or sweetened oatmeal, or by vein or under the skin, through the use of sugar solution. Rectal

feeding of a glucose solution is less reliable because of a complete lack of information as to how much is absorbed. The internist in collaborating with the surgeon in preparing these patients for operation often takes advantage of his opportunities for recourse to the electrocardiograph in his search for evidences of coronary disease.

The previous discussion of physical isolation of these patients contained no suggestion to separate them from the interest and advice of other staff members. Incidentally, the strict isolation of departments one from the other in any hospital is a dangerous tendency. While ward walls may intervene, the ways of the medical and surgical staffs must frequently converge at the patient's bedside.

Education of the diabetic patient is easier when these patients are collected in one ward. Chances of recovery center about the efficiency of the educational activities focused upon him. Diabetic hygiene, of course, concerns itself with teaching the patient correct methods of caring for his own body. He can be told of the dangers that underlie minor injuries, particularly to his extremities. Often the prevention of trifling bruises and scratches, of undue pressure by arch supports, of the stubbing of toes or of trauma to calluses and corns is actually life saving.

The diabetic patient should be told that the tingling of extremities is something more than a slightly unpleasant symptom. He must be instructed in the significance of infection, of the occurrence of carbuncles and boils and of itching or

other signs of dermatitis. Simple lessons of cleanliness and of hygiene of the feet are useful. Instructions as to the avoidance of walking about the house with bare feet and warnings concerning the inadvisability of wearing circular garters and of delay in the treatment of small abrasions are of importance to the patient's welfare.

Much might be said concerning the avoidance of quack medicines and quack doctors in the treatment of diabetes. The patient should be frankly told that science has not been able to confirm the value of so-called specifics administered by mouth.

The greatest lesson that must be instilled into the diabetic patient concerns his own morale. The importance of adhering to the routine advised by the physician is a difficult lesson to learn. The hospital, therefore, faces the obligation of refusing to accept diabetic patients for care unless it is prepared to treat them properly. To perfect a smoothly functioning organization fitted to meet the scientific needs of the diabetic is a task worthy of the most skilled executive.

To the social worker is given the task of translating the hospital atmosphere, the doctor's instructions and the dietitian's admonitions into the common and understandable language of the home. It is her duty to make permanent the original good accomplished in the hospital. It is the opinion of many that deaths from diabetes will soon become much more of a rarity than at present. The hospital faces a challenge to be answerable for its share of responsibility in bringing this to pass.

---

## Ensuring Better Staff Attendance at Postmortems

There has been a marked increase in many institutions in the percentage of bodies brought to necropsy, which is a commendable advance in the business of adding to our knowledge of scientific medicine. While necropsy percentages may be higher than formerly, the percentage of attendance on the part of members of visiting staffs approaches the zero mark in many institutions.

In only rare instances does the distinguished internist find his way to the morgue. He is usually content to ask his intern what was found in a certain case. Interns are frequently so busily concerned in meeting their various chiefs that their presence is not so routine in the postmortem room as it should be. When staff members are urged to attend necropsies, they usually reply that they did not know when the study was to be made or that it occurred at a time of day that conflicted with their office hours.

Various methods are employed to acquaint the physician who was in charge of a patient with the fact that a necropsy is to be performed. The telephone operator may be in-

structed to call the physician and notify him of this fact. The intern, resident or the nurse in some instances is designated to do this; and yet postmortem rooms remain empty insofar as the staff is concerned. A room is allocated to the staff for lounging or reading purposes in the average hospital. It is a good plan to post information in this room regarding forthcoming necropsies. A blackboard is suitable for this purpose. The fact that a necropsy is to be performed, the name of the patient, the hour and the physician upon whose service the patient was treated may be written on the blackboard. An endeavor should be made to bring about the performance of postmortem examinations at a time when visiting physicians can be present. This is a difficult angle to the problem, because of the likelihood of losing necropsies unless they are performed promptly. A list of physicians in attendance on postmortem examinations may be presented at the regular monthly staff meetings. Many hospitals have a rule that requires each chief to be represented at necropsies.

Whatever system is adopted, continual pressure by a medical officer is necessary and the compilation of the attendance statistics, with the routine urging of members of the staff to attend as many necropsies as possible, are fruitful measures in increasing staff interest.

## Maintenance, Operation and Equipment

Conducted by JOHN C. DINSMORE and DR. R. C. BUERKI

# A Method of Reducing the Cost of Oxygen for Therapeutic Purposes

By R. C. BUERKI, M.D.

Superintendent, State of Wisconsin General Hospital, Madison

THE use of oxygen as a therapeutic agent has been increasing with extreme rapidity during the past few years until it has become one of the relatively large hospital expenditures. The expense for this therapeutic agent can be materially reduced by the use of commercial oxygen which, in this institution, was found entirely

satisfactory. A paper on the therapeutic use of oxygen will be published shortly in this department.

At present the Wisconsin General Hospital is using more than 40,000 cubic feet of oxygen a month, which even at commercial oxygen prices is a material item of expense. As a result, a careful analysis of the use of oxygen was instituted. It was found that a large portion of the tanks were

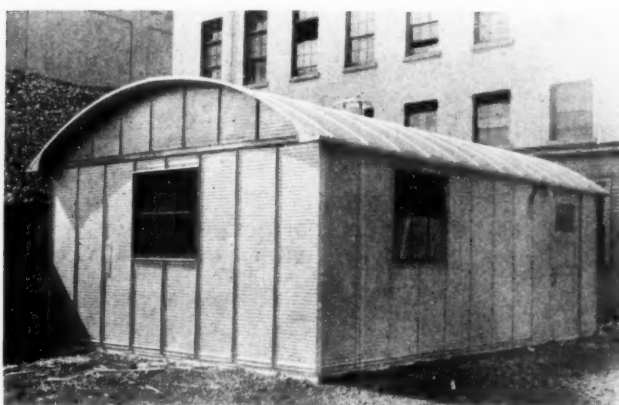
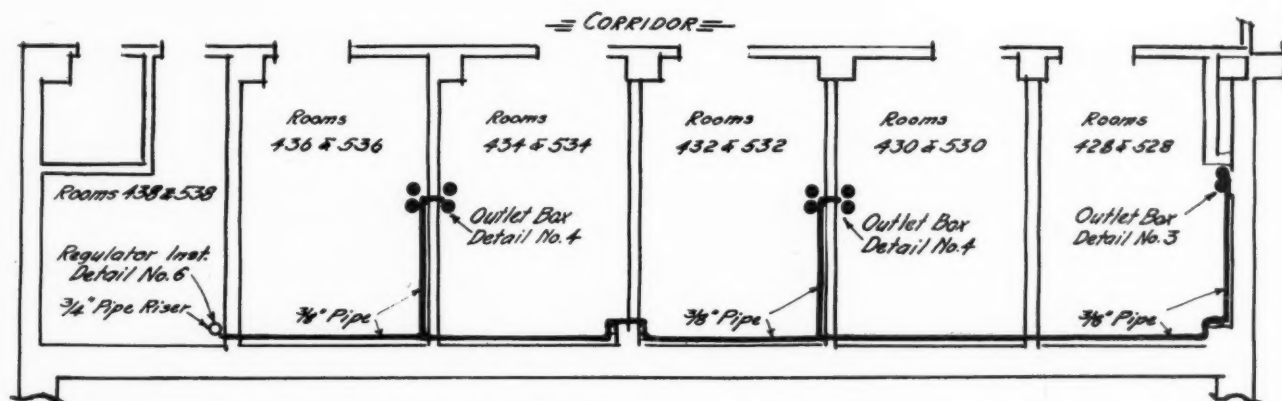


Fig. 1. The central oxygen plant.

being returned to the pharmacy with considerable amounts of oxygen remaining in them. The most careful supervision failed to decrease materially this continued loss. It was felt that if the distribution of oxygen could be centrally located and controlled this waste would be eliminated. Central location would also eliminate the cost of delivery

to and return of tanks from the different services, not an inconsiderable item of expense.

With this in mind, we studied the cost of piping oxygen from a central plant to 108 bed outlets on all the floors in the hospital, to the operating rooms and to our basal metabolic unit. It was decided that the savings made by such an installation would justify the expenditure within a short period.



Plan of oxygen piping for one half of a floor. The arrangement is identical on second, third, fourth and fifth floors.

## MAINTENANCE, OPERATION AND EQUIPMENT

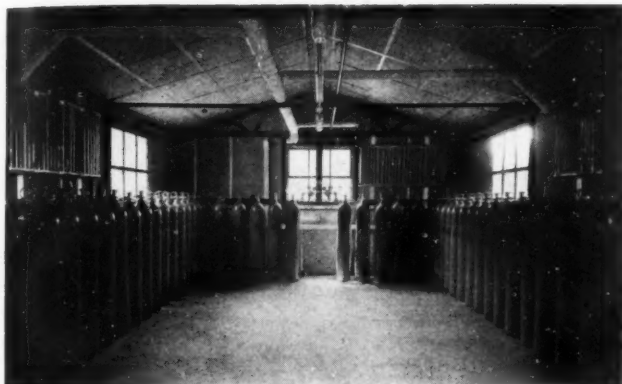


Fig. 2. Inside the building, showing the oxygen cylinders.

The new unit has been placed at some distance from the hospital. At a convenient location in the rear of the university service building, 700 feet from the hospital, a building (16 by 24 feet) was erected on a concrete platform (Fig. 1). The inside of the building was lined with insulating material and equipped with vaporproof lights and radiators for heating in the winter.

In this building we installed a 40-cylinder oxygen manifold as shown in Fig. 2. From the manifold one and one-fourth inches of extra heavy copper pipe was run through the heating tunnel to the hospital basement (Fig. 3). In the hospital a three-fourths-inch extra heavy copper pipe was run from the basement to the seventh floor in the east and west wings. Beginning with the second floor, three-eighths-inch copper branch lines lead from the main headers through a pressure regulator to ten patients' beds on each floor in both the east and west wings. In all, fifty-eight rooms were piped, most of the rooms being equipped with two outlet valves each. A total of 108 outlets are provided, including four in the basal metabolism department (Fig. 4). In addition, the existing oxygen piping in our operating rooms was connected with the new system.

In each room a small steel box (Fig. 5) was set in the baseboard as shown in Fig. 6. In this box are the oxygen outlets equipped with needle valves for regulating the flow of oxygen as measured through the humidifier. Oxygen therapy at our institution is administered through the medium of a nasal catheter by the deep insufflation method.

In the basement of the hospital a six-cylinder reserve manifold is installed to ensure an uninter-

rupted oxygen supply should the main manifold ever fail to function, an emergency that must always be provided for.

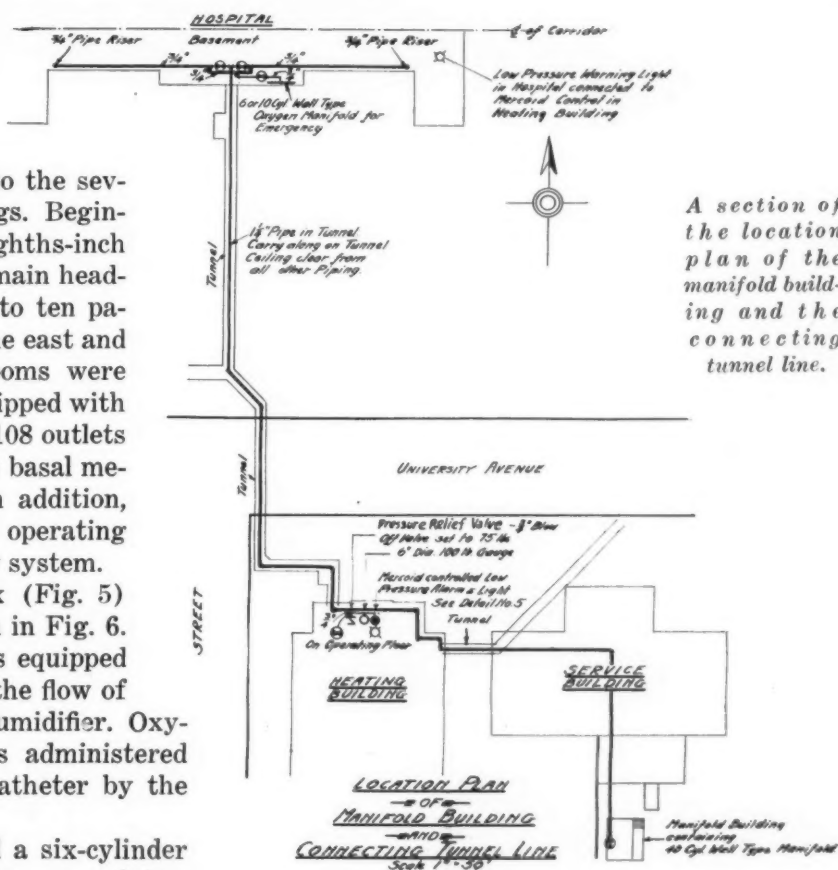
A panel board is installed in the engineer's office. On it are mounted a pressure gauge, mercoid switch, alarm bell and red light; the purpose of the last named devices, it may be said, will be described further on in this article.



Fig. 3.

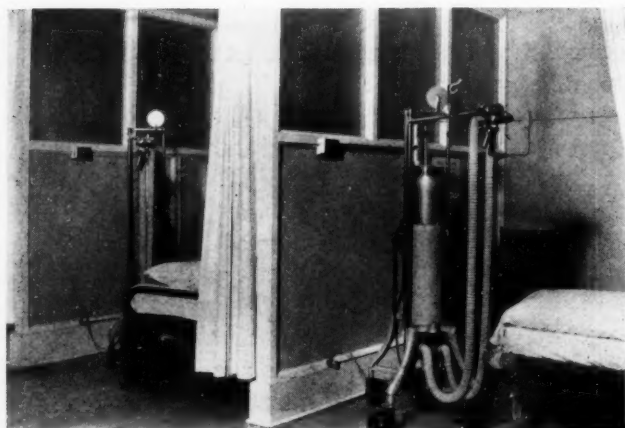
In the manifold building forty 220-cubic foot capacity oxygen cylinders are connected to the manifold. All cylinder valves are open. While oxygen is being delivered to the line from twenty of these cylinders the other twenty cylinders are held in reserve and the latter twenty automatically begin discharging into the line when the first twenty cylinders are exhausted.

When the first of these

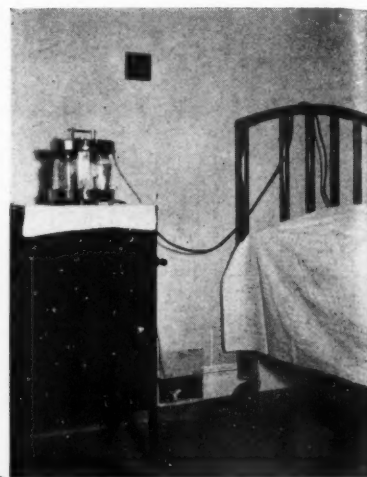


A section of the location plan of the manifold building and the connecting tunnel line.

## MAINTENANCE, OPERATION AND EQUIPMENT



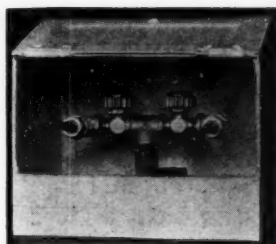
*Fig. 4 (left). There are four outlets in the basal metabolism department.*



*Figs. 5 and 6 (below and right). In each patient's room is a small steel box set in the baseboard. It contains the oxygen outlets, which are equipped with needle valves for regulating the flow.*

twenty cylinders are exhausted, the mercoid switch on the panel board in the engineer's office sets off the alarm bell and lights the light on the board. The engineer then replaces the twenty empty cylinders and the new lot of twenty in turn serve as the reserve. Should this system fail, the reserve manifold in the basement comes into operation automatically.

The regulators on the manifold reduce the oxygen pressure from 2,000 pounds per square inch in the cylinders to 40 pounds in the main pipe line, and at the risers on each floor another regulator reduces the line pressure to approximately 5 pounds. This is the amount of pressure at which the oxygen is delivered to the patients' rooms.



This installation has been in operation for the last two months and is justifying all expectations. It has eliminated waste. It has eliminated the cost of transportation of oxygen to and from the storeroom. It has made an unlimited amount of oxygen constantly available on a moment's notice. Moreover, the presence of oxygen at the bedside is an advantage, because it eliminates the moving in and out of cylinders, which may have a bad psychological effect on the patient.

## Economies in Printed Forms

Rare is the institution in which all reasonable economies have been effected. Costly habits established in days of greater income have tended to hang on, and because of close association they have not been seen in the frenzy for cost cutting. Often real handicaps have been imposed upon the hospital and its workers by the curtailing of expenditures for necessities while unnecessary luxuries are accumulating an astounding cost.

For example, a definite and permanent saving can be made in the relatively small item of printed forms, especially in the ordering and printing of such forms.

The use of colored paper undoubtedly simplifies the filing of forms, but for carbon copies of orders never leaving the office in which they were written, for interoffice communications, and for kitchen orders, the cost of colored paper is great and the service rendered by addition of the color is small. For the same grade of paper, white sells around \$5.50 per hundred pounds, while colored paper costs from \$7.20 to \$9.50 for the same amount. In terms of cost per sheet or per pad, the difference in amount is not striking, yet even on one printing, the cost is appreciable.

On a certain form (911-A) used for kitchen orders, four copies were made, each in a different color. These forms had always been printed on a cheap pink paper in lots of

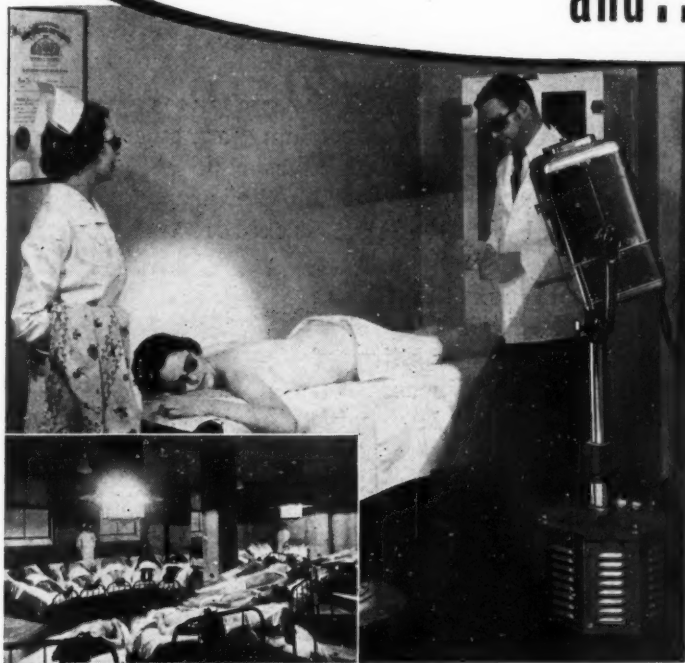
20,000 (5,000 sets of quadruplicates). By using white paper the cost per pad was reduced from 87 cents to 68 cents, or a cash saving of 22 per cent. If 22 per cent of the cost of all colored forms could be saved, the total would be worth while.

Without ignoring the value of colored forms, the same effect was obtained by using inks of various colors on the white paper. This produced the advantages of colored forms combined with the low cost of white paper. It also meant that there was greater legibility since typed or written material is more easily read on a white than on a colored background.

This simple plan is being extensively used. It permits a continual fall in the cost of printed forms without sacrificing the advantages afforded by color.

Further savings can be made in printed forms through a careful study of sizes and quantities. Sulphite bond (used for most forms) comes in standardized sizes. These sizes are 17x22, 17x28, 19x24, 22x34, 24x38 and 28x34. Tremendous economies can be realized by printing several forms at one time and so arranging them that they fill one of the standardized sheets. Differences in quantities for various forms can be handled by lifting certain of them and inserting others in their place during the press run. In this way several forms can be printed at one time, all standardized as to size, and in differing quantities.

# NATION WIDE ACCEPTANCE is being accorded to Carbon Arc Therapy and...



## EVEREADY CARBON ARC UNITS

*The medical profession is steadily broadening its use of this agency in the treatment of both children and adults.*

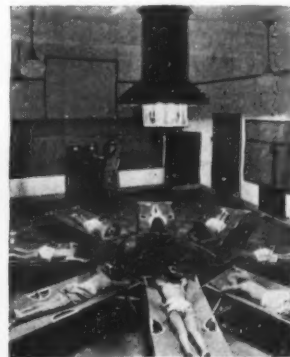
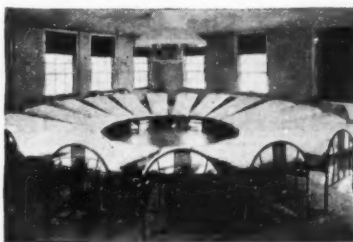
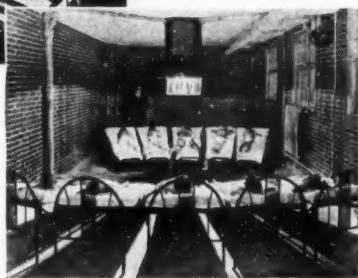
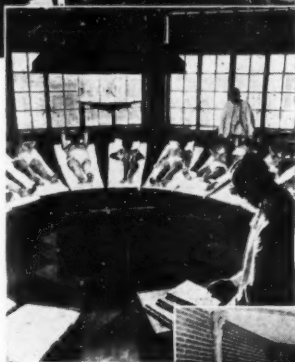
**E**VEREADY Carbon Arc Solarium Units and Eveready Professional Model Carbon Arc Lamps have been designed to meet the demands of the Medical Profession for precision in artificial light therapy.

Uniform intensity of radiation and steady burning are maintained by motor driven, constant current arc control.

Removable filter panels of special ultra-violet transmitting glass limit radiation substantially to rays found in natural sunlight.

Eveready Sunshine and Therapeutic Carbons provide a choice of five distinct types of therapeutic radiation.

*These illustrations are typical of recent installations.*



ACCEPTED BY THE COUNCIL ON PHYSICAL THERAPY OF THE AMERICAN MEDICAL ASSOCIATION AND BY THE AMERICAN COLLEGE OF SURGEONS.

## NATIONAL CARBON COMPANY, INC.

Carbon Sales Division, Cleveland, Ohio

Unit of Union Carbide  and Carbon Corporation

Branch Sales Offices: New York ♦ Pittsburgh ♦ Chicago ♦ San Francisco



## MAINTENANCE, OPERATION AND EQUIPMENT

# Intravenous Glucose Therapy— One Hospital's Story

By HOWARD H. JOHNSON, M.D. and W. P. STOWE, M.D.

Medical Director and Pathologist, Respectively, St. Luke's Hospital, San Francisco



Fig. 1

THE tremendous importance assumed by intravenous glucose therapy in the past few years makes it imperative that easy, cheap and safe administration be assured.

Glucose was formerly given intravenously with little regard to the quality of glucose or of distilled water used and with no regard to speed or temperature of administration. Reactions did not occur if we are to believe the prophets of these early days. It is more likely that they were not noticed or recorded. Similar perfect records are still claimed by some hospitals, while others admit 0.5 per cent to 2 per cent reactions.

Some years ago it was found that nearly 20 per cent of the patients at St. Luke's Hospital, San Francisco, to whom glucose was given had reactions and a sweeping investigation resulted. Certain proprietary brands of glucose in ampules were substituted without improvement in results.

Return was then made to hospital prepared glucose filtered through hard No. 50 filter paper. Some improvement resulted but reactions were still too frequent. Next the rather old single water still was discarded in favor of a new triple distillation outfit. Storage tank covers were made to fit perfectly so that condensed steam and dust could not enter the tanks and muslin caps were fitted over them. A few defects in tin plating of the tanks were remedied and an outlet pipe that was also an intake pipe for outside air during cooling

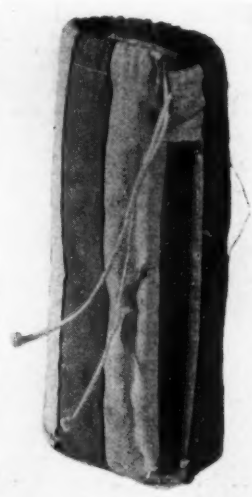


Fig. 2

was sacrificed. After these changes the water, when tested with potassium permanganate, was found free from organic material.

A cheap and simple method of preparation, storage and giving of glucose solutions was put into effect at this time. This method and the results will be given in detail to show the possibility of intravenous glucose infusions being given with less than 1 per cent of even mild reactions.

A triple still, with the changes noted above, is used. The water is used the day it is distilled and is tested for organic matter as follows: To 100 cc.

of the water in a 150-cc. Ehrlenmeyer flask are added 6 cc. of 1 per cent sulphuric acid and 0.2 cc. of n/10 potassium permanganate. The flask is brought to a boil for one minute and then compared to an unheated control. No difference in color should be noticeable. Water passing this test is used in making up both the 50 per cent stock and the lower dilutions.

Glucose, 50 per cent, is made up from a white label glucose. This is then filtered through a special filter prepared as follows: A 20-cm. Büchner funnel is fitted to a 4-liter suction filtration flask. The Büchner is set up by fitting into the bottom an accurately cut circle of canvas (boat sail drill). Over this is placed an equally accurately fitted circle of hard No. 50 filter paper, then a layer  $\frac{1}{4}$  to  $\frac{1}{2}$  cm. thick of decolorizing carbon (vegetable charcoal) and over this another circle of filter paper. The filter is washed with hot water and rinsed with triple distilled water after each use and is cleaned out and repacked about every tenth time. Suction is always started before fluids are poured in to prevent loosening of the charcoal.

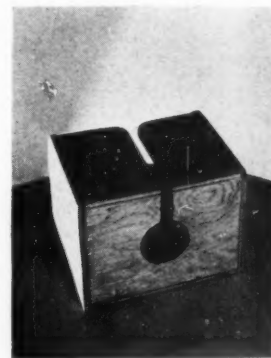


Fig. 3

# "I want you to get ARMOUR'S Suprarenalin Solution for your hay fever"

"TAKE this prescription to your druggist. I want you to get Armour's Suprarenalin Solution for your hay-fever. That should bring you relief."

Non-irritant and giving symptomatic relief to inflamed mucous membranes by contracting the dilated vessels, Armour's Suprarenalin Solution is of particular value in the treatment of hay-fever. High efficacy is assured by *maximum and unvarying potency*, a characteristic of Armour organotherapeutic products, obtained by exclusive Armour methods of preparation. Fresh raw material is processed before the animal heat is lost. In thirty-five years not one product of the Armour Laboratories has been found wanting in potency.



When prescribing Surgical Ligatures, Pituitary Liquid, Concentrated Liver Extract, Concentrated Liver Extract with Iron, always specify Armour's.



**ARMOUR LABORATORIES**  
CHICAGO, U. S. A.

Headquarters for medical supplies of animal origin

## MAINTENANCE, OPERATION AND EQUIPMENT

This 50 per cent glucose is then distributed into 1,000-cc. prescription bottles with screw caps, with live rubber disks substituted for the paper ones coming in the caps (Fig. 1). Triple distilled water is added to the desired dilution (7 to 20 per cent), caps are loosely attached and the bottles are autoclaved at 15 lbs. pressure for 20 minutes. When cooled they are removed from the autoclave, sterile cellophane hoods are placed over the caps, dated tags are attached and the bottles are stored at room temperature until they are warmed for use. If not used within seven days they are discarded. A few 50-cc. bottles of 50 per cent are also kept on hand for emergency or hypertonic use, and discarded after two weeks if not used.

About 12 hours before use the bottles of glucose and all sterile tubing to be used are placed in a thermostatically controlled warming oven run at 110° to 114° F. When needed for use the bottle is taken from the oven, encased in a warmed felt and canvas jacket (Fig. 2), and connected with warmed tubing that is wrapped in warm bath towels. The insulator covering for the bottle was made in the hospital sewing room out of saddle felt and awning canvas. It is lined with waterproof sheeting.

The bottle is held in a special rack made of veneer (Fig. 3) and surrounded by hot water bottles. The attachment of the tubing to the bottle is by a special aluminum alloy or bakelite screw cap (Fig. 4) with a tip for tubing and an intake valve for air. Pure gum rubber tubing is used and it is drawn through heavy plain rubber tubing. This acts to prevent heat loss from the pure gum tubing between the screw cap and the needle. During administration the thermometer is kept wrapped in a warm bath towel.

The supply room is not permitted to issue a needle larger than No. 19 for intravenous therapy and the nurse is not permitted to

obtain the materials from the supply room until the intern has reported for duty at the patient's room. The assembled apparatus ready for use is illustrated (Fig. 5). Under these circumstances glucose will be given at the rate of a liter in 1 to 1½ hours and at a temperature well above body temperature at the vein, thus avoiding "speed shock" and "chill shock." Concentrations stronger than 10 per cent call for smaller needles to avoid faster giving than the optimum of 0.8 gm. glucose per kilo body weight per hour.

A routine record is kept by the nurse in charge, showing identification data; temperature of the solution at the vein recorded every 15 minutes by an insert thermometer in the tubing; patient's temperature, pulse and condition at the beginning and at the end of the infusion, and strength and amount of solution used. If difficulty is encountered with the apparatus that fact is noted and if reactions follow, all details as to severity, duration and palliative measures used are also recorded. These records are filed in the supply room when the apparatus is returned unless a reaction has occurred, in which case all apparatus, unused solution and the record are at once sent to the laboratory and an investigation of the reaction situation is made at once by the pathologist.

Reactions gradually diminished from 10.8 per cent during the first three months covered by this report to 0.8 per cent during the last three months and averaged 2 per cent for the entire period (32 reactions in 1,600 infusions), as shown in the accompanying table. Of these reactions, 60 per cent were slight (chilly feeling lasting 10 minutes or less); 20 per cent were moderate (chills lasting 10 to 20 minutes), and 20 per cent were severe with some or all of the following symptoms: chills, chest discomfort, apprehension, cyanosis, fast pulse and temperature rise.

The following causes of reactions were noted:

1. **Tubing.** The first fourteen reactions—nearly half the whole number—occurred in the first three months when a heat resistant composition tubing was being used. After substitution of pure gum tubing there were but three reactions in five months. Then six occurred during the next month after a new supply of tubing had been put into use.



Fig. 4

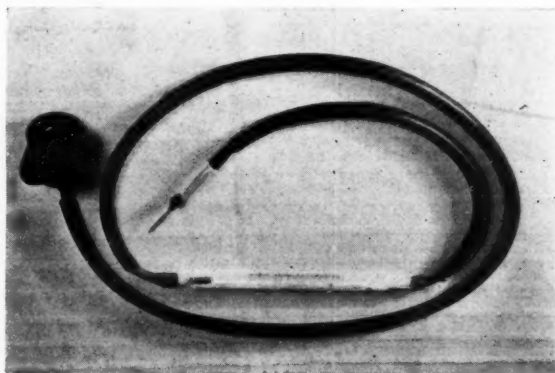


Fig. 5. The assembled apparatus ready for use.

## C R A N E      I N F A N T   B A T H



### GOOD PLUMBING IS A RESPONSIBILITY TO THE PATIENT

Where an efficient and adequate plumbing installation is made there you will usually find an equally efficient personnel. The one upholds the other "in the tradition," so to speak. Crane C 5807 Infant Bath is an example of a modern Crane hospital fixture which will reduce interruptions to service and cut down maintenance costs. These Crane fixtures assure a protection expected by a community and conform to the standards of modern medical practice. Rehabilitation of various departments in the hospital is not a costly matter . . . consult the Crane catalog and use it as a check-list for your recognized and accepted hospital fixtures. Any special problem will be gladly answered by Crane engineers.



(Above) Crane C 5807 Infant Bath

# CRANE

CRANE CO., GENERAL OFFICES: 836 S. MICHIGAN AVE., CHICAGO, ILL. • NEW YORK: 23 W. 44TH ST.

*Branches and Sales Offices in One Hundred and Sixty Cities*

VALVES, FITTINGS, FABRICATED PIPE, PUMPS, HEATING AND PLUMBING MATERIAL

## MAINTENANCE, OPERATION AND EQUIPMENT

ANALYSIS OF REACTIONS

Date	Infusions Given	Reactions	Percentage
Oct.-Dec., 1932	83	9	10.8
Jan.-Mar., 1933	170	5	3.0
Apr.-June, 1933	240	3	1.3
July-Sept., 1933	377	10	2.6
Oct.-Dec., 1933	375	2	0.5
Jan.-Mar., 1934	394	3	0.75
Series Total	1,639	32	2.0

2. The *pH* of solutions (the degree of acidity or alkalinity). Buffers were not used with the hospital prepared solutions but were used with most of the proprietary brands. When tested after reactions the *pH* of solutions giving reactions was not different from that of nonreacting solutions. Only patients in extreme acidosis seem to require buffered solutions. All others have an abundant blood and tissue excess to take care of the slight acidity (about *pH* 6.5) of autoclaved glucose solutions.

3. Speed of administration. Because this factor has seemed to contribute to reactions in several instances of hurry, we have limited the needle size to No. 19 or smaller since the occurrence of speed reaction is in part at least dependent on the amount of glucose per kilo per hour (maximum 0.8 gm. glucose per kilo hour). A No. 21 needle would be better for children or small adults.

4. Temperature. A few reactions occurred at 97°. The solution should not reach the vein at less than body temperature. It is possible to kill experimental animals (rabbits) with typical chill-convulsion symptoms by cold intravenous solutions, as anyone doing Friedmann tests with unwarmed urine can attest.

5. Foreign material. One reaction-producing solution showed a fine crystalline precipitate when examined after the reaction. This could have been avoided by careful viewing in indirect light against a dark background. Such inspection before use should be routine.

6. Strength of glucose. Glucose solutions at 5 per cent or below and at 25 per cent or above are hemolytic as can be shown by setting up a series of varying concentrations and adding washed blood cells as in doing a fragility test. We have not used 25 per cent solutions, but we have had four times as many reactions per 100 with 5 per cent solutions as with 10 per cent. The addition of salt, to normal saline strength, to 10 per cent glucose solution has also increased the reaction incidence.

7. Stoppage of flow. One reaction occurred after the flow had stopped for 15 minutes and had then

been reestablished without removal of the needle from the vein. The resultant needle clot was doubtless washed into the patient's circulation.

In summary, this method of preparing, storing and giving intravenous glucose makes possible infusions at a cost of 43 cents a liter. The solution is ready for use, day or night, within five minutes from supply room to vein. Reactions of less than 1 per cent are possible.

The essentials are: high quality of glucose in "pyrogen" free, freshly distilled water, filtered crystal clear and lint free and given through properly prepared pure gum tubing at a speed not exceeding 1,000 cc. of 10 per cent glucose per hour and at a temperature at the vein well above body temperature (101° to 105° best). Solutions below 7 per cent and above 20 per cent are to be avoided if possible, as is the addition of saline. Stoppage of flow calls for removal of the needle from the vein until it is washed clean of clot. Under these circumstances less than 1 per cent of reactions should occur and those mainly in intensely ill or in highly neurotic, apprehensive patients. Any group of reactions calls for immediate investigation to determine what break in technique has been responsible for the difficulty.

From the foregoing it will be seen that these procedures can be undertaken only in hospitals with well equipped laboratories and pharmacies. A central supply room is also almost essential.

*Editor's Note*—Hospital executives particularly interested in this subject will find a comprehensive discussion of it by Bernard Fantus, M.D., of Cook County Hospital, Chicago, in the *Journal of the American Med. Assn.*, June 30, 1934, pp. 2165-70.

## Wide Hems for Bed Sheets

Bed sheets made with wide hems at both top and bottom are used in a few hospitals. Sheets so hemmed were originally specified in order to simplify the work of the nursing department in making beds, the theory being that a little time otherwise spent in looking for the wide hem to go at the head of the bed could be saved.

A recent study indicates that other economies result from this practice. It has been discovered that the wearing point of a sheet is the part where the sleeper's hips press the fabric. Wear is concentrated when the sheet is repeatedly put on the bed with the same end at the top. A sheet with equal hems is sometimes placed with one end at the top and sometimes in the reverse position. Thus the wear is spread and the life of the sheet is lengthened.

Factors that tend partly to offset these economies are the slightly higher first cost and the slight increase in the total weight of sheets. In instances where hospital laundry is handled by an outside commercial organization this latter consideration may be of some importance.



Style and character are in these Marvin-Neitzel capes. Professional every inch of the way, too. Down underneath all the smartness are protection, long wear and all the other characteristics you would want your capes to have.

Don't think that the price is prohibitive for your school. Nowhere else will you find such a fine balance between quality and price.

Use the coupon to ask for our present quotations.

## NO WONDER Nurses Like These Capes!!

### MARVIN-NEITZEL CORP.

Troy, New York,

192 Lexington Ave., New York City



Marvin-Neitzel Corp.  
Troy, New York  
We should like to have you send us more information  
about capes.

Name.....  
Hospital.....  
City.....

---

---

## Dietetics and Institutional Food Service

---

---

Conducted by ANNA E. BOLLER, Central Free Dispensary at Rush Medical College, Chicago

# Seven Years of Electric Cooking at the Milwaukee County Institutions

By K. R. BURLINGHAM

Chief Electrician, Milwaukee County Institutions

**M**ORE than seven years ago electric cooking and baking equipment made its appearance in the kitchens of the Milwaukee County Institutions. Because of the large amount of low pressure steam used for heating, it was found advantageous to add this load on the electric generators in order to produce more exhaust steam.

The results have been satisfactory from a service point of view, and, as a result of the economies effected, it has been found desirable from time to time to extend the electrification to kitchens and bakeries as fast as the older equipment is replaced. At the present time fairly complete electric installations are found in most of the county institutions. In addition, the kitchens of the Hospital for Mental Diseases, Emergency Dispensary Hospital and Home for Dependent Children have been partially electrified, but not sufficiently to provide reliable cost data.

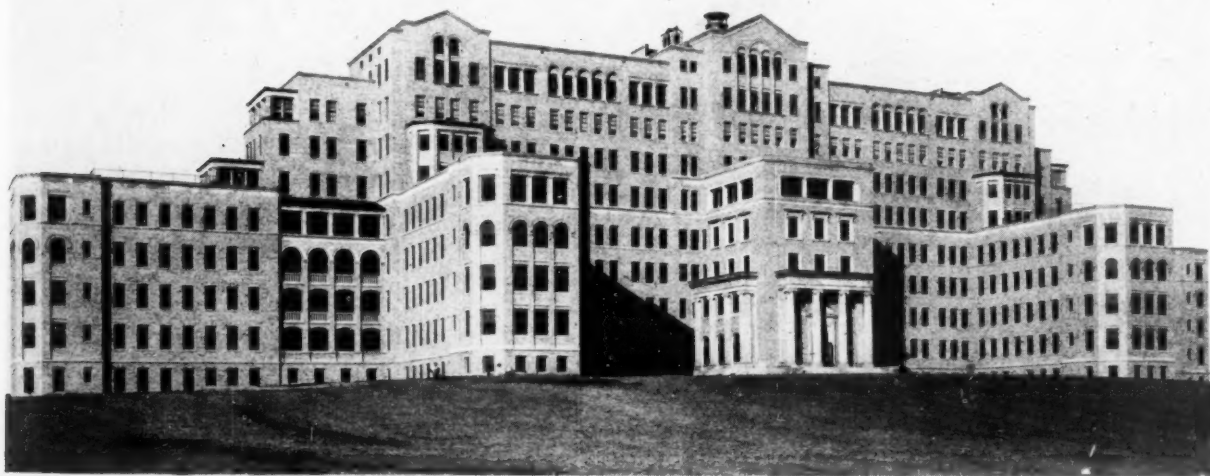
This report presents data and operating results

from those institutions in which cooking is exclusively electric or electric supplemented with steam service, and covers the following: (1) General Hospital, (2) Muirdale Sanatorium, (3) Blue-mound Preventorium, (4) Asylum for Chronic Insane, (5) Infirmary and (6) Farm Help's Dormitory. Results are summarized in Table I.

All electric baking, with the exception of some pastry baking, is carried on in one building and here the energy consumption is 154 watts per pound of bakery output.

The greater part of the meals are prepared with a power consumption at the rate of 147 watts and 173 watts per meal, but the average for all the institutions is 291 watts per meal. This is due to the lower efficiency in some of the buildings in which the equipment installation was unsuited for the small number of meals served.

For instance, the comparatively heavy current consumption at the kitchen of the farm help's dormitory (Table II) is, no doubt, due to the small



*Milwaukee County General Hospital is completely outfitted with electric cooking and baking equipment.*

# 3 THRIFTY DISHES

## made noteworthy by the use of a finer salmon

To balance the food budget, yet serve meals of charm and distinction! Dietitians, even more than housewives, find that a constant challenge.

Pictured here are three delectable solutions to the problem, worked out by a leading hospital dietitian. Each is inexpensive. Each is adapted to certain special uses as well as to the ordinary diet. And each is made unusually delicious by the use of Libby's Alaska Salmon.

You have only to open a can of this salmon to know that it is finer. You will appreciate its small, compact flakes, its firm meat, its even texture. And tasting is even surer proof. The delicate flavor is sheer perfection.

You can get this finer salmon of Libby's from your usual source of supply—and *at no extra cost*. Ask for it next time you order. *Libby, McNeill & Libby, Dept. N-49, Welfare Building, Chicago.*



● **FOR THE DIABETIC DIET.** A cool, refreshing main dish on a hot summer day is a salad made of hard-cooked eggs filled with a mixture of Libby's Alaska Salmon, diced celery, stuffed olives, and mayonnaise.

● **FOR THE HIGH PROTEIN DIET.** Salmon Au Gratin, made with Libby's Alaska Salmon, is a truly tempting dish. Place alternate layers of salmon and white sauce in a buttered baking dish; cover with buttered bread crumbs and grated cheese; bake until nicely browned. Serve with a salad of sliced tomatoes and cottage cheese.

● **RECOMMENDED FOR THE LOW RESIDUE DIET.** Baked Salmon Loaf is delicious served either hot or cold. The loaf is made with Libby's Salmon, butter, bread crumbs, slightly beaten eggs, seasonings, and milk.

● Libby's 100 Fine Foods include Fruits and Fruit Juices, Vegetables, Pickles, Condiments, Canned Meats and Evaporated Milk. They are packed in regular and special sizes for institutions

Accepted by the American Medical Association's Committee on Foods. An excellent source of Vitamin D





*Nine hundred or more meals are served three times a day at the Muir-dale Sanatorium, Milwaukee.*

number of meals served in relation to the size of the equipment, and to the fact that the meals prepared here are served to hard working outdoor employees. Possibly the fact that the cooks, having previously used gas equipment, had not accustomed themselves to the use of electric equipment made current consumption here somewhat heavier. Another factor tending to increase current consumption in this kitchen is the fact that there is no steam cooking equipment or coffee urns. The electric equipment had been used only three months in the farm help's dormitory when the data shown in Table II were obtained.

In one instance after a kitchen was electrically equipped it was found that one bake oven could be eliminated and it was moved to another location. In another, a range was being used for keeping food warm, and a broiler could be used to advantage. Considerable patient and inmate kitchen help is used in certain institutions and strict supervision is necessary to prevent waste of current when only a part of the available equipment is being used. In one case, after baked food was removed from an oven, heat was wasted by leaving food to warm on the open oven door instead of closing the door to keep the oven hot for further use.

On July 6, 1933, data were again taken on cooking costs at the infirmary building. One of the bake ovens had been removed previous to this date, and only one range was used for cooking. One hundred sixty meals were served at a current consumption of 636½ watts per meal. One hundred sixty meals a day would make 4,800 a month at the infirmary and 128,570 a month for the group of institutions included in the survey of December, 1931. This would change the average watts per meal from 291 to 255. This reduced cost per meal was effected not only by using only one range and one bake oven, but also by increasing the number of meals served per day from 90 to 160. The cost of current per day does not increase appreciably with an increase of meals served until a point is reached at which it is necessary to use an addi-

TABLE I—OPERATING RESULTS OBTAINED FROM SIX INSTITUTIONS IN WHICH COOKING IS DONE BY ELECTRICITY

	General Hospi- tal	Muir- dale Sana- torium	Blue- mound Preven- torium	Asylum for Insane	Infir- mary Bakery	Infir- mary Kitchen	Farm Help's Dormi- tory	Totals
Connected load kw .....	120	82	35	70	75	52	9	443
Cost of equipment .....	\$5,040	\$2,628	\$1,240	\$2,550	\$3,750	\$2,510	\$490	\$18,208
Annual maintenance cost ..	1.06%	2.42%	1.84%	3.18%	0.36%	2.59%	1.23%	1.68%
(Per cent of original cost of equipment.)								
Meals per month .....	55,400	43,800	12,090	10,110	.....	2,709	2,370	126,479
Watts per meal .....	173*#	147	248*	857#	.....	2,570#	542*	291
Monthly bakery output .....	.....	.....	.....	.....	49,100 lbs.	.....	.....	49,100 lbs.
Watts per pound .....	.....	.....	.....	.....	154	.....	.....	154

\*Includes current for pastry baking.

#Includes current for food preparation and dishwasher motors.

# DOCTORS...

*your patients can obtain* **PURE DEXTROSE**  
**AT 15¢ PER POUND**

(especially interesting to those in moderate circumstances)

*The* Corn Products Refining Company (makers of Karo) are introducing Pure Dextrose under the trade name DYNO—at the lowest price this valuable product has ever been offered.

By prescribing DYNO (a simple, easy name to remember) every doctor can help accelerate a nation-wide distribution of Pure Dextrose—to cost patients but 15¢ per pound.

## FREE TO DOCTORS

To acquaint Doctors with DYNO, a case of four packages will be gladly sent complimentary, (carrying charges prepaid.) Just send us one of your prescription blanks or one of your professional cards—Address:

**CORN PRODUCTS REFINING COMPANY**  
17 Battery Place, New York City

*Made by the Makers of*

# KARO

**CORN PRODUCTS REFINING COMPANY**  
17 Battery Place New York City

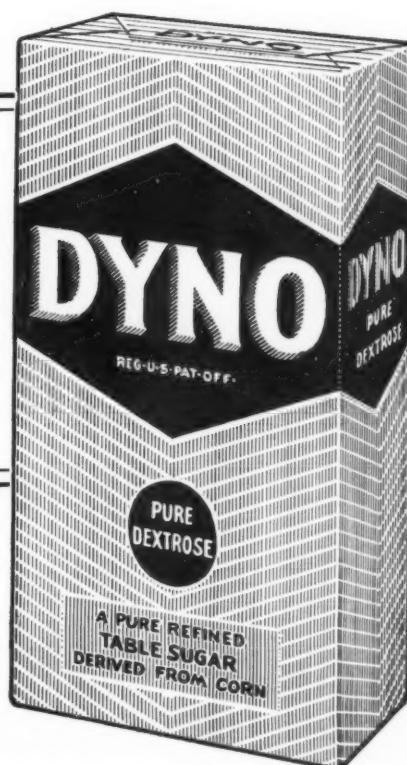


TABLE II—DATA ON ELECTRIC COOKING EQUIPMENT AT MILWAUKEE COUNTY INSTITUTIONS

Institution and Type of Equipment	No.	Years in Service	Capacity in kw.	Total Maintenance Cost to Date	Other Power Using Equipment	Seven-Day Test Period			
						Total Electrical Consumption	Meals Served	Energy Consumption per Meal	Cost of Energy per Meal at 2c per kw. hr.
General Hospital									
Heavy duty cooking tops.....	5	3	16.0	\$ 58.92	1 pastry mixer 2 hp.	2,240 kw.	12,929	0.173 kw. hrs.	\$0.0035
3-deck baking and roasting oven...	1	3	14.2	102.00	1 food mixer $\frac{3}{4}$ hp.				
2-deck bake oven.....	1	3	16.0	.....	1 meat chopper $\frac{3}{4}$ hp.				
Griddle.....	1	3	6.0	.....	1 dish washer $\frac{1}{4}$ hp.				
Conveyor toaster.....	1	2 $\frac{1}{2}$	4.1	.....	1 vegetable peeler $\frac{3}{4}$ hp.				
Muirdale Sanatorium									
Heavy duty cooking tops.....	2	5	16.0	\$ 55.18		1,510 kw.	10,225	0.147 kw. hrs.	\$0.0029
Heavy duty cooking top with bake oven.....	1	5	22.0	36.30					
3-deck baking and roasting oven...	1	5	14.2	179.09					
Broiler.....	1	5	10.0	42.61					
Conveyor toaster.....	1	5	4.1	5.00					
Bluemound Preventorium									
Heavy duty range with oven.....	1	5	22.0	\$ 53.88		700 kw.	2,821	0.248 kw. hrs.	\$0.0050
Single deck bake over.....	1	4 $\frac{1}{2}$	3.0	38.26					
Griddle.....	1	4 $\frac{1}{2}$	6.0	.....					
Conveyor toaster.....	1	4 $\frac{1}{2}$	4.1	16.03					
Asylum for Chronic Insane									
Heavy duty cooking tops.....	3	7	16.0	\$463.73		2,750 kw.	2,359	1.166 kw. hrs.	\$0.0233
3-deck bake oven.....	1	7	10.2	9.62					
Griddle.....	1	7	9.0	37.07					
16-slice toaster.....	1	7	3.0	56.39					
Infirmary (Kitchen)									
3-deck bake oven.....	2	6 & 7 $\frac{1}{2}$	8.5	\$165.62	1 coffee grinder	1,620 kw.	632	2.57 kw. hrs.	\$0.0514
Heavy duty cooking tops.....	2	6 & 7 $\frac{1}{2}$	16.0	252.08	1 meat cutter				
Warming table.....	1	6	3.0	4.41	1 mixer— $\frac{1}{2}$ hp.				
Infirmary (Bakery)									
3-deck bake oven.....	1	7	25.0	57.80		1,759 kw.	11,446 lbs.*	0.154 kw. hrs. per lb.*	0.0031
3-deck bake oven.....	2	6	25.0	31.33					
Farm Help's Dormitory									
Heavy duty range and oven.....	1	1 $\frac{1}{4}$	9.0	.....		300 kw.	553	0.542 kw. hrs.	\$0.0108
Griddle.....	1	1 $\frac{1}{4}$	9.0	\$ 7.52					

\*Pounds of bakery material rather than meals.

tional range or other unit to meet requirements.

On taking over electrically equipped kitchens some chefs and cooks at first appeared to be dissatisfied. This attitude was no doubt due to difficulties experienced before becoming thoroughly familiar with the equipment. One chef using a three-deck oven with only one element and no insulation between decks, complained that when he used the middle and bottom decks without turning heat on the top deck, so much heat went to the top that he had difficulty in getting the right temperature on the other decks. Most of this trouble was eliminated by using the upper decks when only a part of the oven was needed. This type of oven is now obsolete.

Another chef, using a three-deck oven with separate heating units for each deck, complained that when using the top and bottom decks for baking, the center deck was too hot for use in keeping food warm even though no current was turned on. In this case the trouble was caused by conduction of heat from the top and bottom decks to the center deck, and was remedied by using the lower deck for keeping food warm.

These facts indicate that economical electric cooking and baking depend to a great extent on the familiarity of the operators with the equipment and to some extent on the selection of the equipment. In public institutional kitchens, a baking

and roasting oven, broiler, griddle, warming table and ranges appear to be the most essential equipment when exhaust steam is available for kettles and vegetable cookers.

At most of our Milwaukee County Institutions this is true since all electric current and most of the steam are generated at the two power plants located on the grounds and exhaust steam is piped through tunnels to institutions within an economic radius of distribution.

#### Food Shrinkage Is Reduced

Most chefs agree that electrically equipped kitchens are cleaner and that the air is cooler and free from smoke and fumes. They agree, too, that electric baking and cooking equipment is safer and that regulation of temperature control is more accurate than with other methods of cooking, so that burned food is eliminated and a better quality is obtained.

Shrinkage on wheat bread is 1 $\frac{1}{2}$  ounces per pound. We have made no check for shrinkage of roasts but I am convinced from discussion with the chefs and from reports of tests made elsewhere that a considerable saving is effected by electric baking and roasting over other cooking methods more generally employed.

While electric equipment does not heat as quickly as other equipment, it cooks just as fast if

A RUDDY tomato, striped with creamy-white ribbons of "Philadelphia" Brand Cream Cheese—a real appetite-tempter. Wholesome, too. And surprisingly easy to prepare.

Poinsettia Salad is just one of countless, easily made "Philadelphia" Cream Cheese delicacies. Even breakfast toast is a delight when spread with this famous cheese. It's excellent in dozens of combinations for supper sandwiches. And it makes such delicious meringue-like toppings for gingerbread, shortcake, and fruit desserts!

With *this* brand you can always be sure of a delicately fresh flavor. For Kraft has a "Philadelphia" plant not more than twenty-four hours from every city hospital. New-made cheese is shipped daily . . . carefully refrigerated . . . rushed straight to you.

The three-ounce "Philadelphia" package is a real convenience you'll find. It guards freshness . . . saves cutting. And it eliminates waste. When you order remember this: *genuine* "Philadelphia" Brand comes only in the small silver foil wrapper. Never in bulk or loaf.

Genuine "Philadelphia" comes only in this silver-foil package



WHY, THIS LOOKS LIKE A PARTY SALAD! I NEVER DREAMED HOSPITAL DIETITIANS DID SUCH CLEVER THINGS



The World's Finest Cheeses are made or imported by **KRAFT**

**Free**

... monthly service of cheese recipes for hospital dietitians

"Philadelphia" Brand is but one example of the many superior quality cheeses Kraft offers you. Scientifically produced, finer in flavor, they are really *more* economical for quantity cooking. Send for the valuable monthly service of tested cheese recipes *now*.

Kraft-Phenix Cuisine Service  
401-h Rush Street, Chicago



Name.....

Hospital.....

City..... State .....

SEE "PHILADELPHIA" BRAND PACKAGED! KRAFT EXHIBIT, CENTURY OF PROGRESS, CHICAGO



*Installation of electric ranges and toasters at General Hospital.*

not faster, and the disadvantage of slower preheating is more than offset by its numerous other advantages. Electric ovens hold their heat much longer. One and sometimes two batches of bread can be baked after the current is shut off. In all cases the electric current can be shut off some time

before food actually is removed from the oven.

In most cases the space occupied by electric equipment is less. Depreciation is also much less. Utensil wear is reduced, because of lower temperatures and absence of flame on the cooking tops.

Reliability of equipment is indicated by the low maintenance costs. Maintenance varies from 1.06 to 3.18 per cent per year, with an average of 1.68 per cent. In connection with maintenance, considerable trouble was experienced at first from poor fuse clip contact, especially on 30 and 60-ampere fuses. The ferrules heated and charred the fiber bodies of the fuses. This trouble is more likely to be experienced on heating loads, because, unlike motor loads, there is no starting inrush to be taken care of, and fuses and cut-outs are likely to be installed whose current ratings are little above the rating of the appliance. The most trouble was encountered on circuits drawing 28 or 29 amperes and fused with 30-ampere fuses. This trouble was eliminated with the use of cut-outs which firmly clamp the fuses in the clips.

The maintenance charges on the equipment reported in the two accompanying tables include the cost of all replacement parts, the labor required for making the replacements, adjustment of the heat regulators, and any other service which necessitates the attention of an electrician.

## How the Dietitian Views Electric Cooking

By ADA B. LOTHE

Supervising Dietitian, Milwaukee County Institutions

**T**HERE was a period in institutional planning when the kitchen was an afterthought. It was, of course, included in the plan, but was not given much consideration, although the operation of this unit plays an important rôle in the success of the institution. Many hospitals are still laboring under the handicap of badly arranged kitchens.

In the past few years, however, the physical side of institutional kitchens has had attention. It has been recognized that selection of equipment and its arrangement, together with the best working conditions, are vital if high standards are to be maintained. Kitchens at the Milwaukee County Institutions have had much thought and interest. Since each institution has its own individual problem, the kitchens are not uniform although they have much in common. One of these common factors is the fuel used. Cooking not cared for by steam is done by electric ranges and ovens.

The outstanding feature of electricity as fuel is its cleanliness. Manipulation is simple; all that is necessary is to turn the switch. Since electricity is not generally used in institutions, we often find that new cooks have to pass through an experimental period. The preheating period is most important and until that fact is recognized delays result. It is also necessary to learn that the "post period" does not require constant heating, for the cooking surface of the range retains heat and cooking continues for a long time after the current is turned off. This period does not give as much annoyance to the cook as the preheating period, but it does influence fuel costs.

The baker's reaction to electric equipment is somewhat different from the cook's. Each deck of the bake oven has its own drop door. The heating elements above and below the ovens give a uniform distribution of heat that is most satisfactory for roasting and baking. It is possible to improve the

# It's Easy Now

## To Include Vitamin B in Diets For Children and Grown-Ups

To you, as a director of diets, two facts are evident:

1. A normal appetite is impossible without vitamin B.
2. Refined foods, most commonly used by modern Americans, are low in vitamin B.

You, therefore, will appreciate the advantages offered by "double-rich" Ralston. This tempting cereal, which provides the abundant body-building elements of finest whole wheat (coarsest bran removed) is also enriched with added pure wheat germ—to make it two and one-half times richer in vitamin B than natural whole wheat.

Children and grown-ups welcome the natural golden color—the delicious flavor of this cereal which cooks in five minutes—costs less than one cent a serving.

For the Research Laboratory Report and samples of "double-rich" Ralston Wheat Cereal for testing, use the coupon below.



Ralston Purina Company, Dept. M. H.  
142 Checkerboard Square, St. Louis, Mo.



Please send me copy of your Research Laboratory Report on the new "double-rich" Ralston Wheat Cereal and samples for testing.

Name.....

Address.....

*This offer limited to residents of the United States*

products of the oven and also to reduce operating costs by cutting off the current when the proper temperature has been reached. Our bake ovens give most satisfactory results.

Kitchen personnel gives less attention to the care of equipment when electricity is used as fuel. In our institutions repair work falls upon the engineering department. The first cost of the equipment is high and repairs may be an expensive addition if the work depends upon someone who is careless or unskilled in the work.

The chief criticism leveled at electric cooking equipment by those who use it constantly is its slow pick-up. This is an inconvenience when short orders have to be cared for, but in our group this type of cookery has no place.

Before changing cookery equipment the pros and cons should be carefully considered. The first

cost for electric ranges and ovens is definite. If repair costs and current are high, electricity becomes an expensive fuel. If repair costs are reasonable and minor work can be cared for by the engineer and his helpers, and the current cost is low, electric cooking is satisfactory. At our institutions it has been found practical.

## Training School for Dietetic Interns

The department of nutrition at Hackensack Hospital, Hackensack, N. J., reports as the major accomplishment of the year 1933, the inauguration of a training school for dietetic interns.

Mary Estelle Kribs, dietitian, describes the plan of the school in her annual report:

"We have worked on this project unceasingly for over two years, under the most able leadership of Dr. Mary deGarmo Bryan, professor of institutional management at Teachers College, Columbia University, and chairman of the committee on inspection for the education section of the American Dietetic Association. The approval committee visited the hospital, and after careful inspection, this department was fully accredited. This is the first hospital to be so accredited in the state of New Jersey, and it should be a definite stimulus to the institution and the service it gives.

"We have transformed our nurses' dining room into a cafeteria without adding any additional equipment, and the service has been quite successful. We have dispensed with tablecloths to save the laundry costs. The Woman's Auxiliary has supplied a fine type of linen doilies which are taken care of by one of the maids of our own department.

"The Woman's Auxiliary has helped to bring the kitchens up to the standard of equipment necessary for service. The old coal ranges were reconstructed and new blowers were installed, which give us greater heat at short notice. A new gas broiler was also installed and it is giving excellent service, also a deep fat fryer which not only adds to the efficiency of the department, but eliminates the danger of fire from spilling fat on stoves."

### No. 2—Hendrik Hudson Half-Moon Salad

By Arnold Shircliffe\*



Honeydew Melon  
Pimiento  
Orange

Black Cherries

Green Pepper  
French Dressing  
Shredded Lettuce

ON A BASE of shredded lettuce, place a half slice of peeled honeydew melon, so as to resemble a boat floating on a sea of lettuce. At either end, place a small piece of pimiento and alternate through the center of boat sections of orange and halved fresh black cherries. From a slice of green pepper a flag could be cut and placed at one end of the boat. Serve with French dressing made of lemon juice and oil.

This is an appropriate salad for a bon voyage party or any similar occasion.

\*Author of the Edgewater Beach Salad Book.

*for*  
**OVER 10 YEARS**  
**KARO has stood the test**  
**of clinical experience**

KARO has gained its wide popularity in infant feeding, not because of its low cost, but because of its suitability. If KARO cost \$1.00 per pound, it would be well worth it for feeding babies.

Karo Syrups are essentially Dextrins, Maltose and Dextrose, with a small percentage of Sucrose added for flavor—all recommended for ease of digestion and energy value.

*NEW!* — KARO Powdered — A specially prepared combination of easily assimilated Dextrins, Maltose and Dextrose, for feeding infants, the sick and convalescents. Further information upon request.

*Write to:*

**CORN PRODUCTS REFINING COMPANY**  
**17 BATTERY PLACE • NEW YORK CITY**



The 'Accepted' Seal denotes that Karo and advertisements for it are acceptable to the Committee on Foods of the American Medical Association.



# August Dinner Menus\*

By HELEN E. GILSON and STAFF  
Dietary Department, Pennsylvania Hospital, Philadelphia

Day	Appetizer or Soup	Meat or Substitute	Potato or Substitute	Vegetable	Salad or Relish	Dessert
1.	Orange Ice	Baked Ham	Baked Bananas	Buttered Cauliflower	Lettuce, French Dressing	Spice Cake
2.	Jellied Consommé	Boston Pot Roast	Mashed Potatoes	Green Corn	Spiced Crab Apple	Peach Shortcake, Whipped Cream
3.	Fresh Pineapple	Roast Lamb	Baked Potato	Julienne String Beans	Mint Jelly	Squash Pie, Cream Cheese
4.	Triplex Soup	Fresh Mackerel, Lemon	Macaroni Italiani		Ginger Ale Salad	Dutch Apple Cake
5.	Vegetable Soup	Stewed Chicken	Boiled Rice	Fresh Lima Beans	Spiced Grapes	Iced Cantaloupe
6.	Sardine Canapé	Fillet Mignon, Braised Mushrooms	Candied Sweet Potatoes	Buttered Spinach	Celery and Olives	Pineapple Ice Cream, Sponge Cake
7.	Cream of Corn Soup	Broiled Calf's Liver	Blueberry Muffins	Squash	India Relish	Fruit Gelatin, Whipped Cream
8.	Tomato Bouillon	Lamb Chops	Creamed Potatoes	Assorted Raw Vegetables	Apricot Salad	Baked Custard
9.	Scotch Broth	Roast Beef, Yorkshire Pudding	Franconia Potatoes	Braised Celery Strips	Pepper Hash	Sliced Peaches, Sand Tarts
10.	Fresh Fruit Cocktail	Spanish Tongue	Potato Croquettes	Corn on the Cob	Lettuce, Thousand Island Dressing	Crackers, Cream Cheese, Guava Jelly
11.	German Potato Soup	Salmon Loaf, Egg Sauce	Corn Bread	Grilled Tomato	Watercress	Lemon Ice, Boston Cookies
12.	Clam Bouillon	Minute Steaks	French Fried Potatoes	Creamed Onions	Pimento Relish	Baked Pears
13.	Mulligatawny Soup	Broiled Ham	Escalloped Potatoes	Lyonnais Carrots	Glazed Apple Rings	Vanilla Ice Cream
14.	Chicken Soup	Vegetable Plate Cauliflower, Buttered Spinach, Baked Stuffed Tomato	Shredded Wheat Rolls		Cottage Cheese	Cherry Tarts
15.	Melon Balls in Grapefruit Juice	Boiled Beef, Caper Sauce	Lyonnais Potatoes	Baked Eggplant	Celery Hearts	Coffee Junket
16.	Alphabet Soup	Stuffed Lamb Chops		Green Peas	Lettuce, Prussian Dressing	Strawberry Ice Cream, Saltines
17.	Beef Broth	Lamb's Liver and Bacon		Corn à la Southern	Grapefruit and Orange Salad	Steamed Pudding, Hard Sauce
18.	Lemon Ice	Boston Blue Fish	Pimento Potatoes	Buttered Spinach, Chopped Egg	Lettuce, French Dressing	Baked Indian Pudding
19.	Jellied Tomato Bouillon	Baked Fillet of Beef	Mashed Sweet Potatoes	Braised Mushrooms	Sweet Pickles	Eggless Loaf Cake
20.	Grapefruit	Fricassee of Chicken	Mashed Potatoes	Green Peas	Beet Relish	Banana Ice Cream
21.	Philadelphia Pepper Pot Soup	Swiss Steak	Hashed Brown Potatoes	Broccoli	Tomato Aspic	Fresh Blackberries, Sugar Cookies
22.	Ginger Ale Cocktail	Lamb Casserole	Baking Powder Biscuits	Buttered Squash	Hearts of Lettuce	Applesauce, Gingerbread
23.	Orange Mint Cup	Braised Sweetbreads, Bacon	Au Gratin Potatoes	Baked Stuffed Tomatoes	Celery	Butterscotch Cake
24.	Cream of Corn Soup	Roulettes	Buttered Potatoes	Fresh Lima Beans	Club Salad	Raspberry Ice, Cornflake Drop Cakes
25.	Purée of Vegetable Soup	Fillet of Haddock, Tartar Sauce	Escalloped Potatoes	Buttered Beets	Olives	Watermelon
26.	Oxtail Soup	Vegetable Plate Baked Stuffed Potato, Grilled Tomato, Green Peas	Parker House Rolls		Perfection Salad	Apple Pie, Cheese
27.	Consommé	Chicken Pie		Fresh String Beans	Cheese and Nut Salad	Orange Junket
28.	Orange Ice	Roast Stuffed Shoulder of Veal, Mint Sauce	Bran Muffins	Stewed Tomatoes	Lettuce, Bacon Dressing	Baked Rice Pudding
29.	Melon Cocktail	Tenderloin Steak	Baked Potato	Swiss Chard	Glazed Apricots	Roll Jelly Cake
30.	Cream of Mushroom Soup	Assorted Cold Cuts	Mashed Potatoes	Green Peas	Salad Bowl	Fruit Cup, Ice Box Cookie
31.	Tomato Juice	Lamb Chops	Browned Potatoes	Succotash	Alexandrian Salad	Chocolate Eclairs

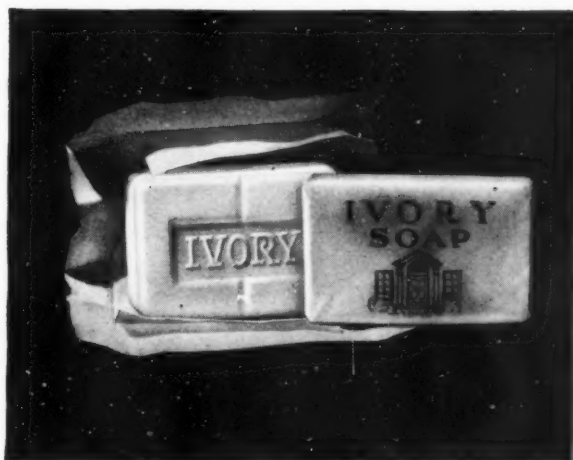
\*Recipes for any of the foregoing dishes will be supplied upon request by Anna E. Boller, Central Free Dispensary, Rush Medical College, Chicago.

These menus take into consideration the high humidity as well as the occasional cool days of August, the craving for water and iced drinks and the low cost of native fresh fruits and vegetables. For these reasons the diet must not be too laxative, which accounts for the inclusion of some soups even in warm weather.

Ivory performs a soap's  
honest duty      ★      ★      ★

it cleanses the skin  
thoroughly, agreeably  
and safely      ★      ★      ★

No soap can do more.



S I X      C O N V E N I E N T      S I Z E S

Ivory Soap for hospital use may be had in a choice of six convenient sizes—from ½ ounce to 3 ounces. Cakes may be purchased wrapped or unwrapped. Wrappers imprinted free with the name of your institution, on orders of two cases or more.

## NEWS OF THE MONTH

### Big Advance Registration Made for Second Annual Administrators' Institute in Chicago

Evidence of the interest being displayed by hospital executives in the forthcoming second annual Institute for Hospital Administrators, to be held in Chicago September 10 to 22, is the fact that the maximum registration permitted by the rules of the institute had almost been reached on July 27. Sixty-four persons were registered on that date, and the registration is restricted to seventy-five.

The institute is to be conducted by the American Hospital Association with the cooperation of the University of Chicago (school of business), the American Medical Association, the American College of Surgeons and the Chicago Hospital Association. There is a registration charge of \$10.

The lectures and conferences will be held at Judson and Burton Courts, students' dormitories at the University of Chicago.

William J. Mather, bursar of the university, has quoted the following rates for registrants: room only, \$14 per person for two weeks; room and board, \$28 per person for two weeks, or \$18 for one week; rate per day, \$3.50 per person for room and board.

The mornings of the two weeks will be devoted to lectures, seminars and conferences; the afternoons to visits and studies of hospital administration in selected hospitals of Chicago. Round tables for the discussion of hospital problems will be held on numerous evenings.

#### *Interesting Seminars Planned*

Twelve subjects of importance to all administrators will be presented in seminars, with opportunity for questions and discussion. Each subject will have two periods, one in the first week and one in the second. The subjects are as follows: hospital organization; medical services and records; the hospital plant; equipment, furnishings and supplies; nursing service; food service; business administration; housekeeping, laundry and linen service; out-patient department; social service; group hospitalization; hospital ethics and community relationships.

The following persons had registered for the institute on July 24:

Amanda Anderson, Broadlawns Hospital, Des Moines, Iowa; Ethel Anderson, J. C. Hammond City Hospital, Geneseo, Ill.; Dr. Francis J. Bean, superintendent, University Hospital, Omaha, Neb.; W. L. Benfer, Toledo, Ohio; Winfrey C. Bloxom, Medical College of Virginia, hospital division, Richmond, Va.; Ruth Brant, Martins Ferry Hospital, Martins Ferry, Ohio; Nellie G. Brown, Ball Memorial Hospital, Muncie, Ind.; Irene Busse, Newman Memorial County Hospital, Emporia, Kan.

#### *Many Localities Represented*

James R. Clark, executive secretary, Jewish Hospital of Brooklyn, Brooklyn, N. Y.; Geneva S. Collins, St. Agnes' Hospital, Raleigh, N. C.; Mrs. Z. V. Conyers, superintendent, Sternberger Children's Hospital, Greensboro, N. C.; Frances Cooper, superintendent, Newman Memorial County Hospital, Emporia, Kan.; M. F. Cotter, Jackson Infirmary, Jackson, Miss.; J. S. Crawford, Hospital for Sick Children, Toronto, Ont.; Winifred Culbertson, superintendent, Children's Convalescent Home, Cincinnati.

Elizabeth C. Davis, Morristown Memorial Hospital, Morristown, N. J.; Charles D. Davol, Truesdale Hospital, Fall River, Mass.; Miriam L. Dow, Franklin County Memorial Hospital, Farmington, Me.; Gertrude H. Duncan, Ellis Hospital, Schenectady, N. Y.; Lucille Engel, superintendent, Western Minnesota Hospital, Graceville, Minn.; Palma M. Ferraro, superintendent, Leonard Hospital, Troy, N. Y.

Frank B. Gail, West Jersey Homeopathic Hospital, Camden, N. J.; Florence M. Gipe, superintendent, York Hospital, York, Pa.; Agnes Gray, Greensboro, N. C.; Maria C. Gray, superintendent, Camden County General Hospital, Lakeland, N. J.; Theresa M. Gust, Three Rivers Hospital, Three Rivers, Mich.

Grace C. Hammond, Syracuse, N. Y.; Mrs. Walter Hardy, Hardy Sanitarium, Ardmore, Okla.; Agnes Hatch, De Kalb Public Hospital, De Kalb, Ill.; Frederick Holmes, business manager, St. Catharines General Hospital, St. Catharines, Ont.; George E. Hubbard,

executive assistant, Metropolitan Life Insurance Company Sanatorium, Mount McGregor, N. Y.

Eda L. Kamrath, superintendent, Union Hospital, New Ulm, Minn.; Edith L. Kasson, Syracuse Memorial Hospital, Syracuse, N. Y.; Charlotte F. Landt, Memorial Hospital of Natrona County, Casper, Wyo.; Aline H. Lienemann, Children's Hospital of Michigan, Farmington, Mich.; Aimee Linsenmyer, Latrobe Hospital, Latrobe, Pa.

Constance Magnuson, Swedish Hospital, Brooklyn, N. Y.; Omer B. Maphis, Bethany Hospital, Chicago; Florence Mayfield, Norton Memorial Infirmary, Louisville, Ky.; Elizabeth McKenzie, Santa Clara County Hospital, San Jose, Calif.; Dr. Henry Minton, Mercy Hospital, Philadelphia; Wayne L. Myers, City Hospital, Akron, Ohio.

Bertha S. Nielsen, Sweetwater Sanitarium, Sweetwater, Tex.; Helen T. Nivison, Griffin Hospital, Derby, Conn.; Irene Nolting, Evangelical Deaconess Hospital, Milwaukee; Theresa M. Norberg, Community Hospital, Beloit, Kan.

#### *Others Who Have Registered*

Rinda F. Rains, King's Daughters' Hospital, Madison, Ind.; Sister Anna Regina, St. Joseph's Hospital, Pittsburgh; Margaret M. Reilly, Starling-Loving Hospital, Columbus, Ohio; C. E. Shepard, Pinecrest Sanatorium, Oshtemo, Mich.; Stanley Sims, Butterworth Hospital, Grand Rapids, Mich.; Gladys L. Storrer, Community Hospital, Beloit, Kan.; Carolyn B. Sykes, Southside Community Hospital, Farmville, Va.

Sister M. P. Thibadeau, St. Mary's Hospital, Duluth, Minn.; Martina C. Thode, Public Hospital, Sterling, Ill.; John S. Turk, superintendent, Ohio Valley General Hospital, Wheeling, W. Va.; Charles E. Vadakin, Marietta Memorial Hospital, Marietta, Ohio; Raymond P. Van Zandt, Rochester Bureau of Municipal Research, Rochester, N. Y.

A. H. Westbury, Montreal General Hospital, Montreal, Quebec; Esther Wolf, Big Stone City, S. D.; Dr. N. N. Wood, Hillman Hospital, Birmingham, Ala.; Marguerite W. Wood, Haverhill, Mass., and Theresa Younger, Scottish Rite Hospital for Crippled Children, Decatur, Ga.

# ELI LILLY AND COMPANY

FOUNDED 1876

*Makers of Medicinal Products*



## AMERTAN, LILLY

### For the Treatment of Burns

Amertan, Lilly, provides a convenient method for the application of the tannic acid method of treatment of burns. It is readily available. It is stable, in contradistinction to tannic acid solutions. It is easily applied to all areas; it saves time and nursing attention; cuts down hospitalization expense; can be used in ambulatory cases; and lessens the disability period. Because of its Merthiolate content, 1:5,000, the incidence of infection is still further lessened. In surface lesions similar to the burn lesion, Amertan acts as an astringent, antiseptic, soothing dressing.

*Supplied in one and five-ounce tubes;  
also in one and five-pound jars*

*Prompt Attention Given to Professional Inquiries*

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U. S. A.

## NEWS OF THE MONTH

### Insurance Plan Given Legal O. K. in New York

Hopes for the plan of group hospitalization under which wage earners and small salaried workers would be assured of hospital care through voluntary insurance instead of charity came a step nearer realization in New York on July 17 when the State Department of Social Welfare approved an application for the establishment of a nonprofit corporation, sponsored by the United Hospital Fund and known as the Associated Hospital Service of New York, to organize and administer such a plan. It is estimated that about one hundred hospitals in New York City and suburbs would participate.

Although the way now is clear legally, the establishment of such a corporation depends upon the securing of funds to create the organization necessary to put the plan into operation. Only funds for promotion and administration for the first six months are needed; the reserves to provide hospital benefits would be provided from the monthly savings of the beneficiaries. The United Hospital Fund which, with other organizations, sponsored legislation at the last session to set up such a plan, is now seeking the \$25,000 estimated to be needed.

### Cornell Course Attracts Hospital Administrators

The course in hospital administration conducted at Cornell University by John C. Dinsmore, superintendent, University of Chicago Clinics, from July 2 to 14 attracted students as far west as Michigan and as far south as North Carolina.

Although the course was originally planned to include only 20 hours of lectures, the interest was so great that 40 hours of lectures were actually given. The students also decided to attend classes on July 4 and on Saturdays.

One session of the course was devoted to air conditioning and was given by Frank H. Randolph, professor of institutional engineering at Cornell University. The other lectures were given by Mr. Dinsmore and included among others the following subjects: business management, purchasing, col-

lections, the movement of patients through the hospital and the impressions they receive, maintenance of the physical plant, out-patient department, food service, supplementary departments, internal traffic in the hospital, and hospital objectives and how to achieve them.

While in Ithaca Mr. Dinsmore made a brief survey of the Tomkins County Memorial Hospital and presented some suggestions regarding the service.

### A. H. A. to Ask Federal Aid for Indigent Sick

The relations of hospitals to governmental agencies and to the general public will be outstanding subjects on the program of the American Hospital Association convention meeting in Philadelphia, September 24 to 28.

In a preliminary statement about the program, Dr. Bert W. Caldwell, executive secretary, declared that it would be "the most important convention in the history of the association." The subjects which he picked out as outstanding on the program are:

1. Federal legislation of a continuing program for reimbursement of hospitals for the care of the indigent.
2. Federal loans to hospitals to meet operating deficits or refinance capital debts.
3. Further development of the Hospital Library and Service Bureau to make it able to meet fully all demands.
4. Formulation of an acceptable system of accounting for small hospitals.
5. Air conditioning in hospitals, either entire buildings or parts of buildings.
6. Food costs and their control.
7. Relation of the medical staff to the administration.
8. Development of hospital councils in different cities and geographical areas.
9. Group hospitalization and its application to rural as well as urban areas.
10. Cooperation of governmental and nongovernmental hospitals.
11. Public education regarding hospitals.

12. A manual of hospital administration developed by the Council on Community Relations and Administrative Practice with the cooperation of the American College of Surgeons and

the American Medical Association.

13. Development of an official monthly publication.

14. Interesting Junior Leagues and other national welfare organizations in the support of hospitals.

A particularly interesting highlight of the convention will be an address by Sydney Lamb, secretary, Merseyside Hospitals Council, Liverpool, and leading English authority on hospital contributory schemes. Mr. Lamb is making the trip to the United States primarily to present to this convention the results of English experience and the lessons that America may learn from it. His paper will be discussed by Dr. R. G. Leland of the American Medical Association, Dr. Malcolm T. MacEachern of the American College of Surgeons, and Dr. Michael M. Davis, Council on Community Relations.

The public hospitals section will hear Dr. Edwin R. Cox of Philadelphia and Dr. Thomas Parran, Jr., state health commissioner of New York.

A special section will be devoted to the Junior League Association and the Association of Record Librarians will likewise have a section. The American Occupational Therapy Association, the Children's Hospital Association, and the National Association of Nurse Anesthetists will meet simultaneously with the A. H. A.

The American Protestant Hospital Association will meet in Philadelphia on September 21 to 24 and the American College of Hospital Administrators on September 23.

A large educational exhibit is planned for the convention. Commercial exhibit space is almost entirely sold now and it is expected that the commercial exhibit will be the largest since the convention in Atlantic City in 1929.

### Texas Invites A. H. A. to Dallas in 1935

The Texas State Hospital Association in annual session in Temple, voted unanimously to invite the American Hospital Association to meet in Dallas, Tex., in 1935.

Dallas has had the honor of entertaining some of the largest conventions in America, including the American Medical Association and the American Dental Association.

# Gleaming

**CORRIDORS THAT  
REFLECT GOOD  
HOUSEKEEPING**

*One of the marks of a  
modern hospital . . .*



*Corridors in the Raleigh Fitkin Memorial Hospital, Asbury Park, N. J., are silenced with Armstrong's Jaspé Linoleum. The beautiful floors lend a note of quiet dignity.*

**T**HERE'S no question about the cleanliness and sanitation of floors that *sparkle!* That's the reason so many hospitals now being remodeled and built will have Armstrong's Linoleum Floors in every corridor, lobby, and room. Their smooth surface has no place for germ-nurturing dirt and dust to gather. Cleaning is simple and economical. A daily sweeping, an occasional washing, and sometimes a waxing with Armstrong's Lino-gloss (greaseless and odorless) will

keep these floors in the finest and most sanitary condition.

Armstrong's Linoleum is *resilient*. It's comfortable underfoot and quiet, too. You'll have no disturbing footsteps in corridors with resilient linoleum floors. And finally, they're colorful, with a refreshing, dignified color that improves the

appearance of the entire hospital; makes it pleasant and bright. Color that reacts favorably upon patients . . . that becomes a silent ally of doctors and nurses.

For full information address Armstrong Cork Company, Floor Division, 1210 State Street, Lancaster, Penna.



## Armstrong's LINOLEUM FLOORS

APPROVED BY THE AMERICAN COLLEGE OF SURGEONS

---



---

## NEWS OF THE MONTH

---



---

### Complete Plans for Postgraduate Course

Preparations for the second postgraduate course and study trip of the International Hospital Association, to be held in Switzerland, August 15 to 28, have been completed. Lectures and visits of exceptional interest have been planned for the benefit of medical men, superintendents, nurses, architects and engineers.

There has been a large demand for space in the International Hospital Exhibition, which is being held in the Bern University buildings from August 19 to 22, and the full available accommodations have already been allotted. The exhibition will include sections on technical equipment, management and architecture.

### Graduate Fortnight to Be Held in New York

The seventh annual Graduate Fortnight of the New York Academy of Medicine, a postgraduate two weeks devoted to diseases of the gastro-intestinal tract, will be held in New York City, October 22 to November 2.

The program comprises afternoon clinics in sixteen leading hospitals in New York City, evening meetings at the academy and a scientific exhibit.

### Special Course in Floor Maintenance Is Offered

A correspondence course in floor maintenance engineering is being offered by Car-Na-Var College of Floor Engineering, which is sponsored by Continental Car-Na-Var Corporation, Brazil, Ind.

The course consists of eleven lessons and a final general examination. It is offered to building superintendents, custodians or anyone directly responsible for the maintenance of large floor areas. The course is offered without cost or obligation, it is stated, and the college can enroll only a limited number of students at one time.

Each lesson covers some particular phase of floor construction, treatment or maintenance and is accompanied by a questionnaire covering the lesson. The student studies the lesson and answers the questionnaire, returning the

latter to the school where it will be checked, corrected and graded, and then sent back to the student.

Upon successful completion of the course the student is awarded a diploma as a floor maintenance engineer.

### Physical Therapists Will Meet in Philadelphia

The thirteenth annual scientific and clinical session of the American Congress of Physical Therapy will be held in Philadelphia, September 10 to 13, 1934.

Outstanding clinicians and teachers will present the results of the newer researches in the field emphasizing short wave therapy, hyperpyrexia, light therapy, remedial exercise, massage and other interesting subjects.

On Wednesday evening, September 12, a joint session will be held with the Philadelphia County Medical Society.

Special features will be the scientific and technical exhibits and the small group conferences. The latter have been arranged for Tuesday morning. Every specialty of medicine and surgery will be represented. The technical application of physical measures will be demonstrated and the fundamentals emphasized. The general sessions will be taken up with symposia on cancer, arthritis, poliomyelitis and industrial surgery.

Friday, September 14, has been set aside for hospital teaching clinics which will be held in a number of the leading institutions of Philadelphia.

### Nursing School Limited to College Graduates

Only college graduates will be admitted beginning next September to the school of nursing of Western Reserve University, Cleveland. The school thus becomes one of the graduate professional schools of the university. Courses will also be offered to graduate nurses who wish to do advanced study in nursing education.

This nursing school is one of the few in the country to be established as an independent school in a large university. Yale University has the only other nursing school limiting its courses to college graduates.

### Hospital Reports a Profit for the Year

In spite of an increase in the amount of free service rendered, Tuomey Hospital, Sumter, S. C., closed the year 1933 with all bills paid and a small surplus in the operating account, according to the annual report recently issued. This was accomplished mainly through reductions in expenses which brought the patient day cost down from \$3.38 to \$3.

The hospital's annual report is particularly attractive because of its brevity and informality. Into twenty pages the superintendent, Charles H. Dabbs, has packed all the most significant information about the hospital.

### National Housekeepers' Association Meets

The hospital field was well represented in the first annual congress and convention of the National Executive Housekeepers' Association held on May 18 and 19 in New York City. Anne Owen, executive housekeeper of the Sherry-Netherlands and president of the association, was reelected for the coming year.

### Make Survey of Buffalo Health Department

Upon the request of the board of health and with the approval of the city council of Buffalo, N. Y., a survey of the health department of that city was conducted by Dr. William H. Walsh of Chicago, assisted by Dr. Clarence O. Sappington. The report, consisting of 134 pages and thirty-four major recommendations, was recently made public.

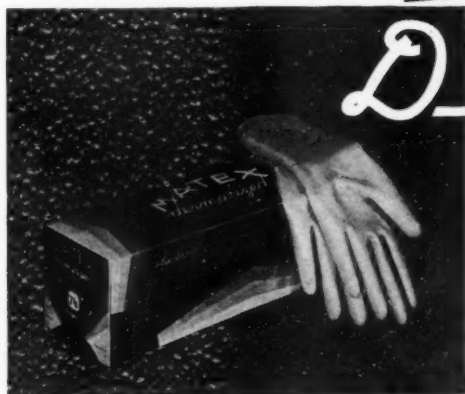
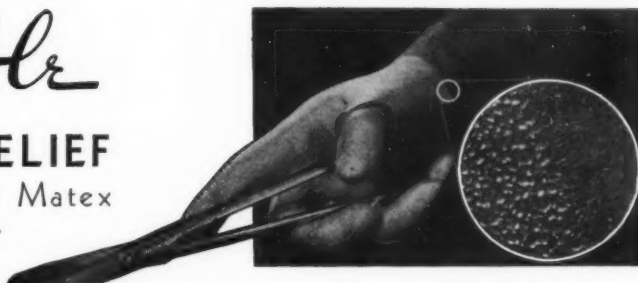
### Two Hospitals Merge

Announcement was made recently of the merger of two hospitals in Fort Smith, Ark. St. John's Hospital and Sparks' Memorial Hospital are the two institutions, and they have merged under the name of the latter institution.

Eva Atwood, who has been head of St. John's Hospital, is superintendent of the new organization.

## Comfortable BEYOND BELIEF

Four distinct features make Matex (Anode Process) the most comfortable gloves you can use.



The background of this illustration, made from an unretouched microscopic photograph magnified eight times normal, shows the Dermatized surface in comparison with ordinary rubber glove texture!

## Dermatizing

- First: More than twenty years' development of surgeons' gloves that are anatomically correct.
- Second: Extreme thinness of rubber structure (Anode Process) allows greater finger sensitivity.
- Third: Manufacturing procedure and skill that produces gloves with maximum resilience qualities.
- Fourth: The original dermatizing process creates the real "skin texture."

**THE MASSILLON RUBBER CO.**  
MASSILLON, OHIO

## Incomparably Superior! A Caster That Actually Absorbs Shocks!

Patients enjoy greater comfort when beds and other rolling equipment are equipped with Jarvis & Jarvis Casters. Because of this fact, together with many other exclusive J&J advantages, hundreds of leading hospitals throughout the country are specifying these fine Casters.

Why don't you try a set on approval? Just specify size you desire: 2 in., 3 in., 4 in., 5 in. or 6 in.

*Write Today!*

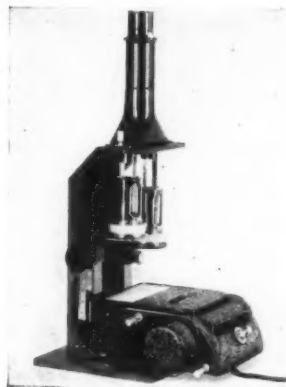
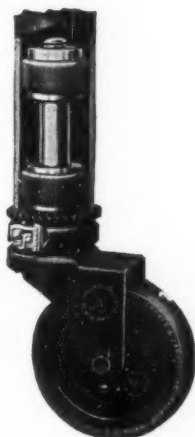
**JARVIS & JARVIS, INC.**

MANUFACTURERS OF SUPERIOR  
HOSPITAL CASTERS AND TRUCKS

102 SO. MAIN ST.

PALMER, MASS.

Representatives in All Principal Cities.



B & L Colorimeter 2502  
with New B & L Lamp

Accurate  
Durable  
and  
Easy to  
Operate

The B & L Biological Colorimeter has won wide acclaim in Medical Laboratories for its accuracy, durability and ease of operation.

The large angular field of this instrument is in part responsible for its great accuracy. This feature enables even inexperienced observers to detect differences that ordinarily pass undetected.

Of equally great importance is the 2½ mm. eye-point aperture, which is the dimension which corresponds most closely to the aperture of the pupil of the eye.

The B & L Aperture enables the observer to work without the eye fatigue caused by constantly expanding and contracting the pupil in an effort to adjust itself all during the period of observation. Thus ease of operation and greater accuracy are combined.

Complete details gladly sent on request.  
Write to Bausch & Lomb Optical Company,  
656 St. Paul Street, Rochester, N. Y.

**Bausch & Lomb**

---



---

## NEWS OF THE MONTH

---



---

### Committee Proposes New Chronic Hospital

Recommendations for the care of the chronic sick, including the proposal that a modern hospital for chronic diseases be established in New York City, were made recently by the committee on chronic illness of the Welfare Council of New York City to Dr. S. S. Goldwater, commissioner of hospitals in New York City.

The recommendations have been endorsed by the New York Academy of Medicine, the United Hospital Fund, the New York City Visiting Committee of the State Charities Aid Association, and the executive committee of the Welfare Council of New York City.

### \$150,000 Is Left Charity in Will of Rebecca Hart

The will of Mrs. Rebecca Hart disposing of an estate estimated at \$700,000 was filed for probate recently in Chicago. Under the terms of the will bequests of \$50,000 each are left to Northwestern University to be used in connection with medical work there, the Jewish Charities of Chicago, and Michael Reese Hospital.

The will suggests that the university use the funds for the construction or maintenance of a children's hospital in honor of Dr. Isaac A. Abt, a nephew of Mrs. Hart.

### Goodrich Portrait Given Yale School of Nursing

Tribute was paid recently in New Haven, Conn., to Prof. Annie W. Goodrich, dean of the Yale School of Nursing since it was founded ten years ago, who retired from active service at the end of June with the title of dean emeritus.

At a meeting and dinner of the alumnae association of the school on June 20, an oil painting of Dean Goodrich, executed by Prof. Deane Keller of the Yale School of Fine Arts, was presented by the alumnae to the school of nursing. This is the second painting of Dean Goodrich. The first is the work of Charles Hopkinson in 1919, for the United States Army School of Nursing, where it now hangs.

The portrait was presented by Bar-

bara Munson, president of the alumnae association, and accepted for the school of nursing by Prof. Effie J. Taylor, newly elected dean of the school.

### Woman's Hospital Opens New Wing

A new wing, to be known as the Maternity Annex, has been completed at Woman's Hospital, Batavia, N. Y. Erected without public solicitation of funds, the one-story fireproof structure with its furnishings and equipment cost approximately \$35,000.

Accumulated funds of the auxiliary, the junior auxiliary and the hospital aid societies, special efforts on the part of these units and gifts of friends of the hospital association made it possible to erect the new building without incurring any debt.

### Sydenham Hospital Adopts Group Plan

A plan of group hospitalization to be placed in operation by fall has been announced by Sydenham Hospital, Inc., New York City. Single persons earning not more than \$3,000 and married persons earning not more than \$5,000 will be entitled to three weeks' hospitalization for \$10 a year.

Laboratory work and treatment will be provided at cost, the maximum fee for any patient not to be more than \$100 even in cases of operation. No charge will be made for use of operating room and anesthesia.

### Trust Fund Created for Cancer Research

A trust fund of approximately \$200,000 has been created by anonymous donors to be used over a period of ten years for the establishment and maintenance of a department at the Hebrew University in Jerusalem for research into the causes and cure of cancer, according to Dr. Judah L. Magnes, chancellor of the institution.

Part of the available funds will be used for the erection and adequate equipment of special laboratories where research in radio-biology, physiologic chemistry and the study of cells and tissues will be carried on.

### St. Leo's Hospital Makes Changes in Group Plan

For the past year, St. Leo's Hospital, Greensboro, N. C., has conducted a group hospitalization plan with an accumulated total enrollment of approximately 500 subscribers. The membership certificates were originally offered to the general public through a sales agent on a commission basis, but more recently arrangements have been made for the hospital to establish contact directly between its own authorized employees and groups of employed persons, according to C. Rufus Rorem, Julius Rosenwald Fund, Chicago. The subscription rate is \$9 annually, in addition to a membership fee of \$1. Under the new arrangement, it is expected that the annual subscription rate will be reduced and the membership fee discontinued.

The hospital service benefits include the use of semiprivate accommodations, operating room service, anesthetics, general nursing care, ordinary surgical dressings, and routine laboratory work not to exceed twenty-one days during each year. A 25 per cent discount is granted from the regular hospital charges after twenty-one days, and a 25 per cent discount is also allowed on all x-ray examinations and physiotherapy. In addition, the plan provides for a 25 per cent discount to all members of the family dependent upon the holder of the certificate for their support. The contract also provides a 50 per cent discount from the regular hospital rates for maternity cases for members who have been in good standing for a minimum period of nine months.

One interesting feature of the plan is that dismissal by the member's physician will be considered final so far as free service under the contract is concerned. If the patient elects to remain in the hospital after being dismissed by the doctor in charge, he may do so by paying the regular hospital fees less 25 per cent for the time spent in the hospital after being dismissed by the physician.

St. Leo's Hospital is the only voluntary hospital in Greensboro. It is the opinion of the Sisters in charge of the institution that the group hospitalization plan has been of definite financial value to the hospital as well as to the subscribers.



# THIS MATTER OF "PATIENT COMFORT"—

... so important  
to all your patients ...  
so easy for you to provide

HASN'T it been your experience that most patients ... convalescents, especially...notice many little things, done for their comfort, that may seem details to you?

Their blankets must be arranged "just so" when they go to the solarium. Meal trays receive critical scrutiny. Even the soap you provide for their personal use is noticed ... and commented upon.

Now, we don't believe many patients are going to complain if Palmolive is not supplied. But we do know that most of them prefer

Palmolive. Tests prove that. They like the freshly-fragrant olive-green cake...its deep-pore cleansing action ... its smooth, creamy lather. Women patients know it protects delicate skin texture.

You understand why a patient's physical comfort speeds recovery. You recognize, too, the value of a rich-in-olive-oil soap. Know how it soothes hot, fever-dried skin. But did you realize this? Palmolive is the *only* well known toilet soap that is rich-in-olive-oil!

And Palmolive costs no more

than many less popular brands!

Let us send prices, without obligation. Just see how easily... and inexpensively...you can provide this detail of "Patient Comfort"—Palmolive. *Write today!*

## Free booklet

For your *every* maintenance need, Colgate-Palmolive-Peet offers a soap product especially made to do the job thoroughly... and economically. PHOSFOAM for your laundry. SUPER SUDS for thorough cleansing of laboratory equipment. OCTAGON SCOURING CLEANSER for floor maintenance. And there are many others...each offering you specific advantages. Write for the *free* booklet: "If It's Soap You Need, We Have It."

## PALMOLIVE SOAP

A PRODUCT OF COLGATE-PALMOLIVE-PEET COMPANY

Main Office, 105 Hudson Street, Jersey City, New Jersey

## PERSONALS

**SISTER PAULINE STRABLE**, superintendent of St. Joseph's Hospital, Philadelphia, died on June 21, at the age of sixty-five years.

**RUTH BEAN**, for the last two and a half years superintendent of Biltmore Hospital, Asheville, N. C., resigned on July 1. **MARIE MEHELICK**, until recently connected with the school of nursing at Duke University, Durham, N. C., has been named superintendent of Biltmore Hospital.

**REV. A. J. BYAS** has been appointed superintendent of Evangelical Deaconess Hospital, Chicago, succeeding **REV. J. H. BAUERNFEIND**, who resigned recently because of ill health.

**BERTHA C. STIRTON**, supervisor of nurses at Peoples Hospital, New York City, has resigned, effective July 1.

**ESTHER K. MILLER** has resigned as superintendent of Mount Sinai Hospital, Philadelphia, after five years' service in that post, in order to marry **Charles E. Elcock** of London, England. Miss Miller is succeeded by **FRANCES L. LOFTUS**, director of nursing at Mount Sinai since 1928. **HARRY W. BENJAMIN**, assistant superintendent of the hospital for the past six years, has been appointed associate superintendent.

**HUGH F. NEVIN** has been appointed superintendent of Medford Clinic Hospital, Medford, Wis., succeeding **GEORGE F. MEYER**, resigned.

**DR. A. C. BACHMEYER**, superintendent of Cincinnati General Hospital, Cincinnati, and **Mary Hicks**, formerly acting superintendent of John N. Norton Memorial Infirmary, Louisville, Ky., were married recently.

**DR. J. M. ODELL** of Salem, Ore., has been appointed superintendent of Eastern Oregon State Tuberculosis Hospital, The Dalles, Ore. **DR. DEWALT PAYNE**, who has been serving as acting superintendent for several years, will be retained in an advisory capacity, but will engage in private practice.

**MABEL KORSELL** is the newly appointed superintendent of Itasca County Hospital, Grand Rapids, Minn.

**DR. CHARLES L. CLAY** of Newton, Mass., has been named medical director of Long Island Hospital, Boston.

**LILA M. LITTLE**, formerly assistant superintendent of Melrose Hospital, Melrose, Mass., has been appointed superintendent of Massachusetts Women's Hospital, Boston.

**DR. CECIL L. SCHULTZ** has been named superintendent of Columbia County Sanatorium, Philmont, N. Y., to fill the vacancy caused by the resignation of **DR. SAMUEL POST**.

**LOUISE WAGNER** has been appointed superintendent of nurses, People's Hospital, New York City.

**ELIZABETH MCLELLAN** has resigned as superintendent of Haywood County Hospital, Waynesville, N. C.

**JESSIE E. CATTON**, superintendent of New England Hospital for Women and Children, Boston, died on July 9 in her sixty-fifth year. Miss Catton had been superintendent of the hospital for eleven years.

**SISTER MARY MICHAEL**, formerly superintendent of St. Joseph's Mercy Hospital, Mason City, Iowa, has been transferred to the superintendency of St. Joseph's Mercy Hospital, Sioux City, Iowa.

**HAZEL E. HALLETT**, formerly superintendent of Lafayette General Hospital, Buffalo, N. Y., is now superintendent of Woman's Hospital, Batavia, N. Y.

**E. G. ROWLEY** is the new superintendent of Citizens General Hospital, New Kensington, Pa.

**MERLE WALKER** has been named superintendent of Kansas City Tuberculosis Hospital, Kansas City, Mo., succeeding the late **JOSEPHINE BRUNK**.

**DR. S. B. RAGSDALE**, superintendent of Columbia Hospital for Women, Washington, D. C., was drowned on July 3. Doctor Ragsdale was forty-nine years of age at the time of his death.

**CHARLOTTE AGER** has been named superintendent of nurses, Homeopathic Hospital, Reading, Pa. Miss Ager was formerly superintendent of nurses, Abington Memorial Hospital, Abington, Pa.

**HELEN WOOD**, of Newton Highlands, Mass., has been appointed director of the newly organized school of nursing

at Simmons College, Boston. Graduates of the five-year course in college and hospital will receive a B.S. degree and a diploma in nursing.

**JEAN SMITH**, formerly superintendent of nurses at the American University Hospital, Beirut, Syria, has been appointed superintendent of nurses, Ryder Memorial Hospital, Porto Rico.

**LIALA JOHANSON** is the new superintendent of Charles Godwin Jennings Hospital, Detroit, succeeding **MARY A. MACKAY**.

**SISTER ANNA EBERT** has been named superintendent of Lankenau Hospital, Philadelphia.

**DR. WILLIAM H. WALSH**, Chicago, sailed July 21 for Leningrad to make an independent study of health and hospital conditions and practices in the U. S. S. R.

**DR. MENAS S. GREGORY**, director of the psychopathic division of the Department of Hospitals of New York City, has resigned after thirty years' service with the department.

### Hartford Hospital Marks Eightieth Anniversary

Eighty years of distinguished service were recently completed by Hartford Hospital, Hartford, Conn. Between the time of its founding in May, 1854, and its eightieth anniversary, 302,427 patients were admitted.

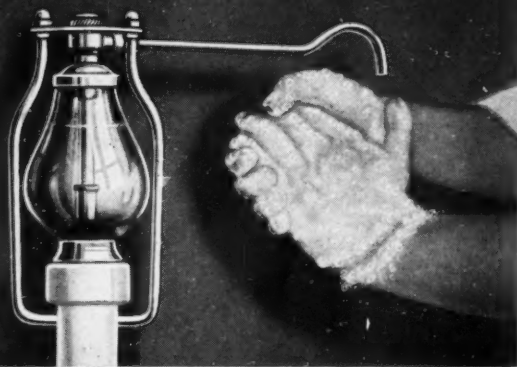
Hartford Hospital today has accommodations for 780 patients and that number can be appreciably increased in case of emergency. **Dr. Lewis A. Sexton** is superintendent.

### Boehne Hospital Opens Children's Building

The new Children's Building at Boehne Hospital, Evansville, Ind., was opened recently with appropriate ceremonies. The building will be used primarily for diagnostic purposes—each child remaining for one month or longer if deemed necessary. A teacher will be provided during the winter months, and the service (including x-ray of the chest) is free to all children. **Dr. Paul D. Crimm** is medical director of the hospital.

GERMA-MEDICA • GERMA-MEDICA • GERMA-MEDICA

DOUBLY WELCOME

the Finest Surgical Soap  
and the Handiest Dispenser

A smoothly operating soap dispenser at the scrub-up sink is always appreciated. But it's doubly welcome filled with Germa-Medica.

For Germa-Medica's rich lather works easily into the pores, flushing out dirt in a minimum of time and leaving the skin surgically clean.

Yet its purest ingredients, perfectly blended, never irritate—never chafe the hands.

More hospitals use Germa-Medica than use any other surgical soap. Its 43% of soap solids exceeds that of any other liquid soap made. It is the most economical your hospital can buy.



The Levernier Single and Twin Portable Foot Pedal Soap Dispensers are furnished without charge to users of Germa-Medica. Placed beside the scrub-up sink, they dispense soap in the most sanitary and positive method possible.

**GERMA-MEDICA**  
AMERICA'S FAVORITE SURGICAL SOAP

HOSPITAL DEPARTMENT

**The HUNTINGTON LABORATORIES Inc.**  
HUNTINGTON INDIANA  
TORONTO, ONT. 72-76 Dufferin St. • 999 S. Logan St. DENVER, COLO.

GERMA-MEDICA • GERMA-MEDICA • GERMA-MEDICA

•THE LEVERNIER PORTABLE FOOT PEDAL SOAP DISPENSERS•GERMA-MEDICA•THE LEVERNIER PORTABLE FOOT PEDAL SOAP DISPENSERS•



## DIETITIANS to taste this Coffee

Here is a coffee for fuzzy mouths. A coffee blended especially for the benefit of finicky patients whose tastes are hard to understand and harder to please.

Continental's Hospital Department has developed three special coffees to satisfy the worst case of hospital mouth. They taste good because they are carefully blended from selected coffee beans of five choice growing regions. They are roasted with scientific exactness. And they are cup-tested four different times—just to be sure. Furthermore, these blends are fresh roasted daily and are on the way to you within 24 hours.

Every hospital dietitian is invited to get a testing package of Continental Coffee without charge or obligation.

### CONTINENTAL SERVICE

Continental does more than just sell coffee. We offer you complete coffee service. Experts will demonstrate the best methods for getting the tastiest coffee. You can get efficient coffee making equipment made in our own plant. You can learn the most thorough system of urn cleaning . . . and, remember, good coffee cannot be expected unless the urn is scrupulously clean.

For your test package of Continental Coffee, ask the Continental salesman who calls on you, or write direct to our Hospital Department. There is no obligation.

**CONTINENTAL COFFEE CO.**

373 W. Ontario St.

Chicago, Illinois

ALWAYS *Serve* **FOUR** INSTITUTIONAL  
**CONTINENTAL** **TEST** **COFFEE**  
AMERICA'S LEADING

# BRIGHT WARNING OF CONTAGION



We don't know which hospital first conceived the bright idea of using colored Indian Head uniforms for contagious cases. But we do know that it works out admirably, and is being widely adopted. Color makes it easy to keep contagious uniforms segregated for extra sterilization.

## INDIAN HEAD REG. U.S. PAT. OFF. CLOTH MADE BY NASHUA 30 COLORS AND WHITE

And colored Indian Head Cloth is the safest fabric for such sterilization! This famous fabric is vat-dyed in 30 clear and lovely colors that wear and launder as well as white Indian Head. There's no guess-work about it. Every color is guaranteed against fading or running.

Uniforms of fast color Indian Head in Permanent Finish\* can be secured from the same manufacturers who now supply you with white. Or, if uniforms are made in your own sewing room, all 30 shades are available by the yard from your usual source.

Would you like to see the new range of Indian Head Colors? Use coupon for free samples.

\*U. S. Pat. 1,439,519



NASHUA MFG. CO., Dept. H-5  
Box 1206, Boston, Mass.

Send free samples of Indian Head fabrics.

Name .....

Address .....

City and State .....

## BOOKS ON REVIEW

### APPEALS FOR FUNDS AND HOSPITAL PUBLICITY.

By Capt. J. E. Stone, M.C., F.S.A.A., F.S.S., F.R.  
Econ.S. Birmingham, England: Birbeck and Sons,  
Ltd., 1934. £1.1.0. Postage 9d.

In this excellent treatise on the ways and means of achieving effective hospital publicity, Captain Stone, secretary of Birmingham Hospitals Centre, Birmingham, and formerly chief accountant, St. Thomas' Hospital, London, reveals an intimate knowledge of practical psychology and its relation to publicity methods as applied to the present day hospital. The purpose of publicity and the need for hospitals to adopt a sound plan of public relations are discussed.

Captain Stone's book is practical, well stated, and to the point. The reader feels that the statements made are not mere hypothetical theories. Practical illustrations throughout the book are of inestimable value to hospital people who are interested in adopting the slogan proposed by Captain Stone, "Let the Public Know."

How hospitals can derive funds from an educated public and how they can appeal to the head as well as the heart is told. Captain Stone gives credit to American hospital publicity plans; he explains why such campaigns launched in Great Britain in the past have failed, and by sound reasoning and practical common sense shows how American systems if properly applied can be successful in his country.

But Captain Stone's book is of significance not only to British institutions. Hospital people in the United States will learn much of value from a careful study of it and will undoubtedly be interested in the appendices which are illustrative of British publicity campaigns for hospitals. Included in this section also are two articles written by Dr. Otho F. Ball, publisher of *The Modern Hospital*.

Captain Stone successfully achieved his purpose in writing this book, that of discussing "the ways and means making for effective, constructive and successful hospital publicity; not the publicity the usefulness of which passes with its appearance, but that publicity which creates interest, develops good will and confidence, and lays the foundation of loyal support."—MALCOLM T. MACEACHERN, M.D.

### THE STORY OF THE NATIONAL LEAGUE OF NURSING EDUCATION.

By Helen W. Munson, R.N., B.S.,  
with the collaboration of Katharine Stevens, R.N.,  
A.B. Philadelphia: W. B. Saunders Company, 1934. \$1.

Reading "The Story of the National League of Nursing Education," one becomes aware of a scarlet thread weaving in and out, holding the fabric together. For although the story deals with the organization and development of an association, it is given life by the contributions of its devoted workers who with steadfast determination worked for a definite purpose. This purpose, the education of the nurse, is the scarlet thread that constantly reappears.

Attached to the thread are found such things as health and housing, curriculums and scholarships, preliminary courses and length of working day, as well as the names of those pioneer women who did not lose sight of ideals when they were dealing with practical problems.

This story of accomplishments should be read by nurses, certainly, and by other health and hospital workers.

The appendices are devoted to functions, realization of functions and past officers.—ADA BELLE MCCLEERY.

# "200 INMATES AND ATTENDANTS HAD TO FLEE FOR THEIR LIVES"

"FIRE started in the basement...and within an hour had destroyed the whole structure."...A matter of minutes from a haven of mercy to a consuming inferno.

The underlying story behind most bad fires, is BELATED DISCOVERY. ...This disastrous hospital fire was beyond control before the fire department arrived...The remedy is automatic detection and reporting.

It is the fireman's own maxim that "the first five minutes at a blaze are worth the next five hours."

AERO Automatic Fire Alarm detects the first breath of flame and notifies hospital attendants and the fire department...quietly and quickly. Trained forces are summoned to preserve calm or arrange for the removal of patients. AERO is protecting large and small hospitals in all parts of the country. It is **DEPENDABLE** because it is installed and maintained by A.D.T.—a nation-wide protection organization.



CONTROLLED COMPANIES OF  
AMERICAN DISTRICT TELEGRAPH COMPANY  
155 SIXTH AVENUE, NEW YORK



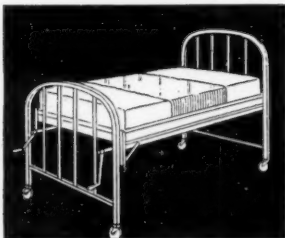
● Send for a copy of this book. It tells how AERO operates and how it is protecting life and property everywhere.

# ALL PURPOSE

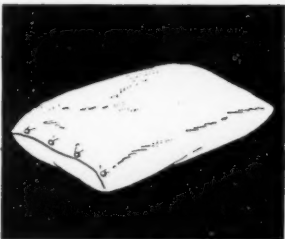


## new rubberized fabric

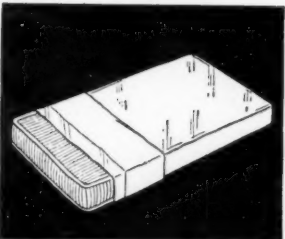
Draw Sheets



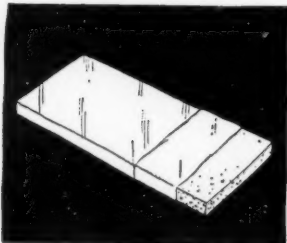
Pillow Covers



Mattress Covers



Operating Pad Covers



A cloth thoroughly treated with pure Latex, producing a non-porous, water-tight fabric of soothing texture and great strength.

### Use It for—

#### Draw Sheets:

A 36 inch square of Lotuscloth with 18 inches of muslin on both sides gives perfect protection at all times, is more economical. Above all, the patient is always comfortable and is unaware that rubber sheeting is on the bed.

#### Pillow Covers:

Cover all your pillows with this permanent, protective sheeting. It is soft and smooth, light in weight yet durable. Never produces heat or discomfort.

#### Mattress Slip-Covers:

This cover made from Lotuscloth on top and sides with muslin back gives permanent protection. Cover need not be removed from mattress, as it can be washed on the mattress whenever necessary.

#### Operating Table Pad Covers:

Cover old pads with Lotuscloth. Always sanitary because it will never crack, become hard or peel off. Its smooth white texture harmonizes with the spotless cleanliness of the operating room.

### FREE SAMPLES ON REQUEST

PRICES—Two weights, No. 4D—Light, 36 in. wide, per yard .....\$1.60  
No. 6D—Heavy, 36 in. wide, per yard .....\$1.95  
(Discount on purchases of 25-50 yards or more)

# SHARP & SMITH

65 E. Lake St.

Chicago, Ill.

## NEWS FROM MANUFACTURERS

### CAPACITY OF X-RAY UNIT INCREASED

The Philips Metalix Corporation, 300 Fourth Avenue, New York City, announces that the Philips Metalix Shockproof Junior X-Ray Unit is now being supplied with increased capacity, this being the only radical change in the unit since its introduction seven years ago.

The unit, which is designed to be shockproof and ray-proof against unwanted radiation, is supplied suitable for the office or as a portable and for use at the patient's bedside. For portable use, the unit is contained in two packages and the tube is mounted on telescopic legs, which arrangement is also suitable for office use, but as an alternative method of mounting for the office or ward work, a mobile stand can be supplied.

Assembly is made by three connections only and safety features prevent wrong manipulation and assembly. The



small electrical energy consumption permits operation from any ordinary lamp socket without changing the fuses. Standardized technique is employed and radiographs of all parts of the body can be obtained by the operation of a simple time switch, this being the only control.

Provision is made for fluoroscopy and the apparatus is absolutely silent during operation, according to the manufacturer. The absence of the usual variable factors not only simplifies the technique but safeguards the tube against inadvertent overloading, it is stated.

### A NEW FUMIGATING GAS

The word "fumigant" has in the past usually suggested bad-smelling, poisonous and objectionable materials, but now this word takes on a new and much more pleasant meaning with the introduction of Malium, a new fumigating gas, according to the manufacturer, the Michigan Alkali Company, 10 East Fortieth Street, New York City. Malium, it is claimed, is a clean, noninflammable gas with no unpleasant or persistent odor, designed to destroy insect life.

There are many uses for such a product in hospitals and sanatoriums. Furniture, rugs and carpets may be fumigated with this gas during the day and used the same evening, and single rooms may be treated without disturb-



**T**HERE are a dozen and one uses in the patient's room for A.P.W. Onliwon Towels. For the patient's own use in many ways and as a sanitary and convenient towel service for the nurse.

A.P.W. Onliwon Towels are soft and pleasant to the hands. They are amply large for their job, and served double-folded to give them a high degree of absorbency. A clean, fresh towel for every occasion is but one of their many advantages.

Onliwon Towels are dispensed one at a time from their neat, sparkling clean cabinets. The cabinets discourage waste, and at the same time make sure the towels are protected from dust and unnecessary handling. And, there's genuine economy in their low cost efficiency.

As a companion service, Onliwon Tissue in its own gleaming cabinet is an asset in any private room.



**A.P.W.**

Without cost or obligation, write A.P.W. Paper Co., Albany, N. Y., for samples and/or name of local distributor as near you as your telephone.

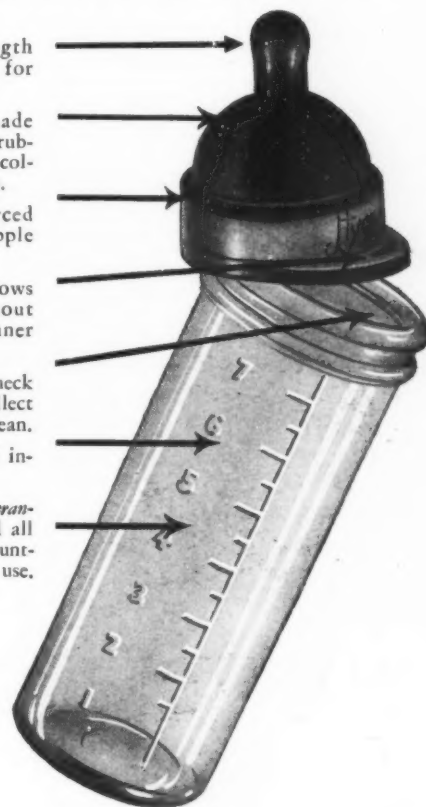
# 7 REASONS

for using improved

## HYGEIA

### BOTTLES AND NIPPLES

- 1 Larger top. Length  $\frac{3}{4}$  inch. Easier for baby to hold.
- 2 Entire Nipple made of soft moulded rubber. No pores to collect food particles.
- 3 Patented reinforced base resists Nipple collapse.
- 4 Patented tab allows handling without contaminating inner surface.
- 5 Wide mouth. No neck or shoulder to collect germs. Easy to clean.
- 6 Smooth, rounded inner surface.
- 7 Strong glass. Guaranteed to withstand all temperatures encountered in regular use.



**I**NTESTINAL disorders are still by far the greatest cause of infant mortality, especially during the bottle-feeding period. These disorders are frequently associated with food contamination.

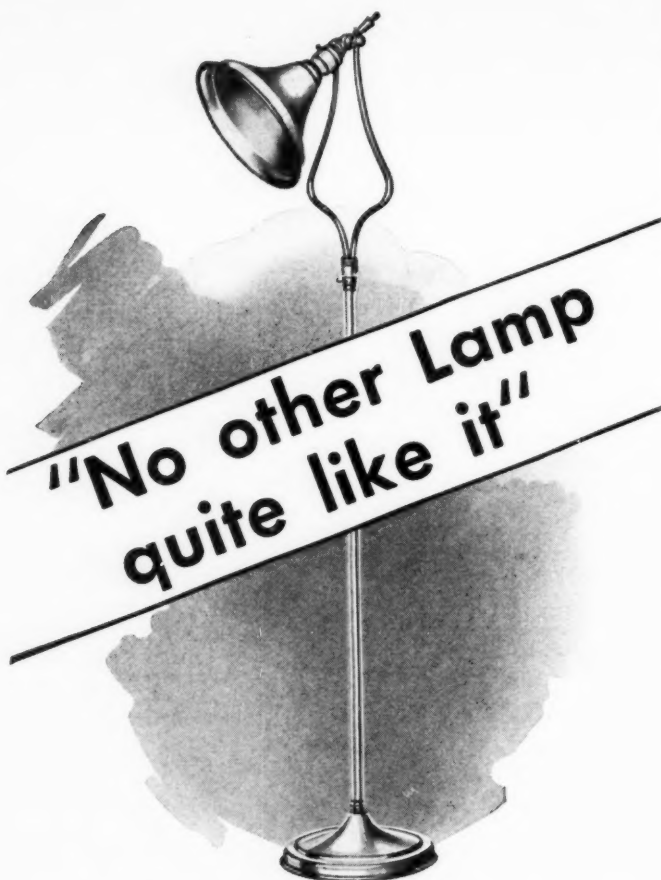
Hygeia Bottles and Nipples are one economical means of guarding against such hazards. Six Hygeia Bottles and thirty Nipples, a generous estimate of the quantity required for the entire nursing period, cost only three dollars more than ordinary bottles.

Send for free sample of the newly designed Hygeias. Their many new and exclusive features will convince you of their superiority. Hygeia Nursing Bottle Company, 197 Van Rensselaer Street, Buffalo, N. Y.

Have you tried Hygeia Strained Vegetables?

# Hygeia

**THE safe NURSING BOTTLE AND NIPPLE**



**W**HEN hospitals using the Will Ross Bedside Lamp tell us "There's nothing else quite like it," we accept their expressions of delight without egotism.

The Will Ross Bedside Lamp IS different and induces enthusiasm because its original design was based on the expressed desires of a large number of superintendents and nurses. To fulfil these desires it was necessary to build a lamp that was a floor lamp, portable, light in weight, yet strong. It must serve as a reading lamp, night light, light for examination and applying dressings. If adjustable the adjustments must be simple. It must be moderately priced.

We, ourselves, added one more requirement—it must be handsome in line and beautifully finished. And later we added a special finish in the reflector to give color corrected light.

We are pleased that the lamp has received such enthusiastic approval. And yet, this is natural when you consider that it was not ADAPTED to hospital use but designed specifically for hospitals.

Try just one Will Ross Bedside Lamp.

LT-600-B—Bronze Finished \$9.00 each.

LT-600-I—Ivory Finished \$9.00 each.

**WILL ROSS, Inc., Wholesale Hospital Supplies**  
779-783 N. Water Street Milwaukee, Wisconsin



ing occupants in adjoining rooms or other parts of the building, it is said. Clothing, blankets, mattresses, upholstery and cushions are other items which this gas is designed to fumigate. Food products, it is said, may be treated with Malium without leaving any residual odor.

The gas is compressed into cylinders of various sizes. The valve is turned, the gas released, and the fumigation is on. In using Malium, no gas mask is required. No residue remains to be disposed of. Fumigations must be conducted under fairly air-tight conditions.

#### FIRE ALARM GIVES PROTECTION AT LOW COST

"If a fire is discovered in its early stages and quickly attacked by trained fighters, the consequent loss is small," the National Fire Protection Association points out. The Vitalarm Signal, made by the Gamewell Company, Newton, Mass., is designed to ensure the early detection of fire in hospitals and other institutions.

The unit is simple and inexpensive. It is screwed into an ordinary light socket, in the same manner as an electric light bulb. The unit is designed for 115-volt, 60-cycle, alternating current. Either plain or decorative types of fixtures may be used for installing the Vitalarm Signal, depending upon the wishes of the property owner.



Speed and safety are provided in the protection offered by the Vitalarm Signal, according to the manufacturer, because it embodies in one unit two principles of automatic fire alarm: (1) the "rate of rise" thermostatic principle for speed in detecting a fire, and (2) the "fixed" thermostatic principle for absolute assurance that the fire will be detected under any condition.

This lamp will normally glow for thousands of hours and will gradually blacken and grow dim instead of burning out suddenly, it is explained.

#### A SMALL SIZE ICE CREAM FREEZER

The Taylor Freezer Corporation, Beloit, Wis., manufacturer of ice cream making and hardening equipment, has expanded its line to include a 2½-gallon freezer. The new unit is designed for users whose ice cream and sherbet consumption is 35 or 40 gallons a day.

The freezing unit of the 2½-gallon model is equipped with the regular features of the firm's other models. In addition, the expansion chamber of this unit has been especially arranged so as to provide maximum cooling efficiency when used with small ice machines. For example, the unit operates efficiently in conjunction with a one-horsepower motor, according to the manufacturer, thus giving it an added feature of economy.

An improved quality of ice cream at a large saving in cost are claims set forth by the manufacturer. The corporation's complete line consists of 1, 2½, 3 and 5-gallon freezers, together with 20, 40, 60 and 80-gallon hardening cabinets, with various combinations.

☆



# MORE *Dishwashing* POWER PER DOLLAR

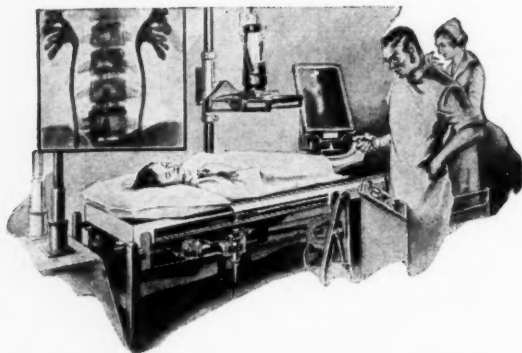
Yes, you can buy cheaper dishwashing materials than Wyandotte Cherokee Cleaner. But you can't buy any more actual dishwashing power for your dollar. And that's what really counts. ☆ Cherokee Cleaner is especially manufactured for machine dishwashing. It is absolutely pure,—every ounce active cleaning material. Because it contains no grease it is remarkably efficient as a remover of grease. A little Wyandotte goes a long way and maintains its strength in solution over unusually long periods of time. ☆ Furthermore, Wyandotte keeps dishes free from brown or black stains; prevents discoloration of trays; keeps silverware and glasses bright and sparkling. ☆ A letter from you will quickly bring a Wyandotte Service Representative who will demonstrate how you can wash dishes better and more economically with Wyandotte Cleaner.

## Wyandotte Cherokee Cleaner

THE J B FORD COMPANY :: WYANDOTTE, MICHIGAN



## IS IT TOO LATE TO OPERATE?



A momentous question. The answer—a pronouncement of Life—or Death—must be backed by a visualization so accurate in the most minute detail that no margin for error can remain.

In urology, questions like this frequently confront the surgeon. The decision must rest upon the results of pyelography, plus the determination of kidney function.

Urology and pyelography may now be performed by a new relatively non-toxic and non-irritating contrast medium known as



**HIPPURAN** is the sodium salt of Ortho-iodohippuric acid, containing 38.8% of iodine. Hippuric acid, being a normal product of metabolism, this combination is particularly well tolerated. Animal experiments, with large doses, failed to show renal or any other injury.

**HIPPURAN** is the universal radio-paque contrast medium suitable for *all* types of urography.

**INTRAVENOUSLY:** 12 gm. in 25 cc. sterile aqueous solution produces clear pictures.

**RETROGRADE PYELOGRAPHY:** 15 to 20% strength by volume of Hippuran instilled through the ureteral catheter produces splendid pyelograms.

**HIPPURAN** in contrast to the inorganic iodides produces little or no irritation of the renal pelvis, ureter, or urinary bladder. Bilateral pyelograms may be made at one sitting with safety.

For cystography a 3% to 5% solution by volume yields satisfactory results.

**HIPPURAN** is available as:

1. **CRYSTALLINE POWDER**  
... in 12, 100 and 500 gram bottles.
2. **SOLUTION**  
... 25 cc. size ampoules, each containing 12 grams of Hippuran dissolved in sterilized, aqueous solution.

Each ampoule contains a sufficient amount to permit withdrawal and administration of 25 cc.

Write for our complete literature

**Mallinckrodt**  
**CHEMICAL WORKS**

Makers of over 1500 Fine Chemicals

ST. LOUIS • MONTREAL • NEW YORK

## NEW "MERCK MANUAL" IS PUBLISHED

The sixth edition of "The Merck Manual of Therapeutics and Materia Medica" is just off the press. It has been compiled and published by Merck & Co., Inc., Rahway, N. J.

Completely revised and expanded to include the latest developments in the progress of medicine, the new Merck Manual is intended to provide the busy physician with a convenient and dependable reference to modern essentials of diagnosis and therapy.

In the therapeutic portion of the 1,379 pages, 257 pathologic conditions are presented alphabetically, with reference to etiology, diagnosis and therapy. More than two thousand prescription formulas, chiefly covering official constituents with metric system equivalents, are provided. These are arranged in numerical sequence with reference to the use of each in the therapy.

The discussion on therapy is an interesting departure in a book of this type. There is the constant reminder that the patient as well as the disease is being treated, and that general regimen, diet and psychotherapy are not merely accessories, but frequently fundamentals in practical therapy. The price of the book is \$2.

## NEW TRADE CATALOGUES AND PAMPHLETS

**Ric-wiL Company**—"Central Heating With Ric-wiL Conduit for Colleges, Hospitals and Institutions" is the title of a bulletin recently released for distribution by the Ric-wiL Company, Cleveland. The bulletin describes the savings and advantages made possible by central heating, and illustrations are used widely throughout.

**The Brunswick-Balke-Collender Co.**—A thirty-six-page catalogue, illustrated in color, has been published by The Brunswick-Balke-Collender Co., 623 South Wabash Avenue, Chicago. Diversified types of Whale-Bone-It closet seats are presented, with the details of construction fully explained.

**Sloan Valve Company**—A new catalogue No. 32 of the Sloan Valve Company, 4300 West Lake Street, Chicago, contains descriptions, drawings and illustrations of flush valves as used in hospitals on staple fixtures. The final pages of this compact, informative catalogue present valves which are utilized in special hospital fixtures, such as bedpan sterilizers.

**Joseph Gelb Company**—A folder presenting types of operating room lights as manufactured by Joseph Gelb Company, 254 West 54th Street, New York City, includes ceiling lights, portable spotlight lamps and an emergency light designed to serve also as an independent operating unit and as a supplementary spotlight.

**Scialytic Corporation of America**—A nonmechanical evacuating apparatus, employing the principle of suction siphonage and permitting the relaxation of the patient during treatment is the Sya-Vac, described in a pamphlet issued by the Scialytic Corporation of America, Atlantic Building, Philadelphia. Techniques of application are analyzed, showing the uses to which the surgeon can put this apparatus.

**The Kelley-Koett Mfg. Co., Inc.**—The Keleket J. R. K. II model tilting table, whereby all x-ray diagnostic work may be accomplished with a single unit, is described in a new booklet of The Kelley-Koett Mfg. Co., Inc., Covington, Ky. This table combines the functions of the vertical and horizontal fluoroscope, and with attachable units provides for radiographic diagnosis as well.